OFFICE OF QUALITY ASSURANCE & ACCOUNTABILITY

Comprehensive Quality Review Report

Baltimore City Juvenile Justice Center

Report Issued April 10, 2008

OFFICE OF QUALITY ASSURANCE & ACCOUNTABILITY

Quality Review Report

Baltimore City Juvenile Justice Center

Evaluation Dates: March 17-21, 2008

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Quality Review Report

Baltimore City Juvenile Justice Center
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EXECUTIVE SUMMARY

A quality improvement assessment and evaluation of the Baltimore City Juvenile Justice Center was conducted March 17-21, 2008 by DJS personnel who are subject-matter experts in the areas reviewed. The areas that were evaluated have been identified as those having the most impact on the overall safety and security of youth and staff. The evaluation was based on information gathered from multiple data sources such as staff interviews, youth interviews, document review and observations of facility operations, activities and conditions.

The following Rating Scale was used:

Quality Improvement Rating Scale

Superior Performance	Strong evidence that all areas of practice consistently exceed the standard across the facility/programs; innovative facility-wide approach is incorporated sufficiently so that it has become routine, accepted practice.
Performance	Performance measure is consistently met across the facility/program; any gaps are temporary and/or isolated and minor; documentation is organized and readily available.
Partial Performance	Expected level of performance is observed but not facility-wide or on a consistent basis; implementation is approaching routine levels but frequently gaps remain; facility had difficulty producing documentation in some areas.
Non-performance	Little or no evidence of adequate implementation of performance measure; the required activity or standard is not performed at all or there are frequent and significant exceptions to adequate practice; documentation could not be produced to substantiate practice.

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Baltimore City Juvenile Justice Center

Summary of Findings by Standard and Rating

Superior Performance	Performance	Partial Performance	Non-Performance
Admissions/Intake & Student Handbook	Contraband/Room Searches	Incident Reporting	Seclusion
Pending Placement	Behavioral Health Treatment Delivery	Senior Management Review	Room Checks During Sleep Period
	Career Technology & Exploration Programs	De-escalation & Restraints	Control of Keys, Tools & Environmental Weapons
	Health Care Inquiry Regarding Injury	Perimeter Checks	Fire Safety
	Dental Care	Staffing	Post Orders
	Medical Records Retrieval	Youth Movement & Counts	Staff Training
		Classification	Discharge Planning
		Behavior Management	School Entry
		Structured Rehabilitative Programming	Individualized Education Programs
		Self-Assessment	Section 504 Plans
		Intake, Screening & Assessment	Student Supervision
		Informed Consent	School Environment/Climate
		Psychotropic Medication Management	Special Needs Youth
		Behavioral Health Services	
		Treatment Planning	
		Documentation of Youth on Suicide Watch	
		Environmental Hazards	
		Clinical Care for Suicidal Youth	
		Curriculum & Instruction	
		School Staffing & Professional Development	
		Screening & Identification	
		Parent, Guardian & Surrogate Involvement	
		Health Assessments Medication Administration	

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Baltimore City Juvenile Justice Center

Summary of Findings by Rating Category

QI Rating Scale Categories	# Standards	% of Standards
Superior Performance	2	5 %
Performance	6	13%
Partial Performance	24	53%
Non-Performance	13	29%

*** The DJS Quality Improvement Performance Ratings are aligned with best practices and optimal standards of care. Therefore, while the facility practice may be in full compliance with minimum constitutional standards, the facility may still receive partial or non performance ratings as a result of QI reviews.**

Methodology

I. Pre-Evaluation

Prior to the evaluation, the facility received a document request list from the DJS Office of Quality Improvement. This list detailed various documents in the areas of safety and security, medical care, mental health care and education that would be reviewed by the QI Team. Numerous on-site meetings have been held since the previous QI review in December 2007.

II. Entrance Interview with Superintendent

The entrance interview was conducted on March 17, 2008. Present at the entrance interview were members of the QI Team and the Facility Superintendent. An overview of the QI process was provided to the Superintendent. Members of the QI Team also asked and discussed with the Superintendent targeted questions related to safety and security, behavioral health, behavior management, education, medical and many other areas of facility operation.

III. Primary Interviews

A total of 16 youth were interviewed (1 refusal) about a range of areas across the QI review spectrum. This represented about 15% of the total population at BCJJC that week. The youth were chosen specifically across units and by

involvement in recent assault or seclusion history. Interviews were also conducted with facility direct care, administration, medical, behavioral health, and education staff.

IV. Document Review

Documents were reviewed that were requested by the QI Team and provided by the facility staff in support of facility operations and program services. The documents included medical records, incident reports, logbooks, program schedules, seclusion and suicide watch documentation, staffing reports, training records and statistical data, as well as other documents from areas in fire safety and youth supervision.

V. Observations of Facility Operations

- Youth movement
- Youth processing
- Meal time
- Unit activities
- Recreation
- Leisure Time
- Classroom Activities
- Shift Change

VI. Exit Conference

An exit conference was conducted at the facility on Friday, March 21, 2008. Members of QI Team and the Administrative/Management staff of the facility were present. The QI team gave a brief but detailed overview of the findings. The facility staff had the opportunity to ask questions and to clarify or provide additional information. The Superintendent was given information about expectations for the Corrective Action Plan, including due dates, and was informed he could expect the written draft QI Comprehensive Report by April 10, 2008.

SUMMARY OF FINDINGS & RECOMMENDATIONS

SAFETY AND SECURITY

INCIDENT REPORTING **RATING: Partial Performance**

STANDARD

Written policy, procedure and practice document that all incidents that involve youth under the supervision of DJS employees, programs, or facilities, including those owned, operated or contracted with DJS, are reported in accordance with departmental guidelines.

SOURCES OF INFORMATION

- Facility Incident Reports from Jan-Mar 2008
- Interview with Superintendent
- Youth grievances Jan-Mar 2008
- Staff Training records
- Interview with OIA Director
- Interviews with youth
- Interviews with staff

REFERENCES

DJS Incident Reporting Policy (MGMT-03-07); DJS Crisis Prevention Management (CPM) Techniques Policy (RF-02-07); DJS Video Taping of Incidents Policy (RF-05-07); DJS Youth Grievance Policy (MGMT-01-07)

SUMMARY OF FINDINGS

Comprehensive and reliable reporting of incidents, including detailed descriptions of events, is crucial to a facility's success in preventing and managing critical situations. Effective implementation of DJS policies for youth and staff safety can occur only when youth feel they can report allegations and incidents confidentially and without reprisal, and staff members know how to document sufficient information in incident reports. The Department has a stringent reporting standard that requires completion of the DJS Incident Reporting Form to identify and describe all reportable and critical incidents. In addition, DJS employees are required to notify law enforcement and the local Department of Social Services/Child Protective Services (DSS/CPS) of incidents as required by law.

The Department requires the facility to maintain an incident report (IR) file with detailed information about every incident. The IR file is to include a copy of the DJS Incident Reporting Form (handwritten and electronic) and supporting documentation (i.e. videotape, witness statements, Nurses Report of Youth Injuries with photograph(s), and other documentation as applicable). All IR's at BCJJC were locatable and the number of written IR's matched that reported in DJS' IR database.

Fifteen incident reports were chosen randomly for review specifically because they involved assaults, restraints and group disturbances. In the majority of the incident reports reviewed, staff did not provide sufficient information in the narrative that would allow the reviewer to fully assess how the incident started, what all of the involved individuals did or how staff applied the restraint/escort technique during the incident.

Better detail was included describing who was present and where staff were posted (11 of the 15 included this information), however in many of the IRs, the initial reasons why the incident occurred or how it began were simply missing. Staff narratives tended to begin with a fight, for example, and not the precipitating events. Missing restraint detail will be covered in the De-Escalation and Restraints section of this QI report, but essentially clear detail on which staff was involved in restraining youth, with specific mention of, what body part was involved in the restraint and for how long the restraint lasted, was nearly always missing. This provides an incomplete picture of the entire event.

Of the 15 IRs reviewed, 11 included all youth witness statements and 8 included all staff witness statements. The others did not include statements from all of the parties involved. The Shift Commander should not accept an IR until all witness statements are turned in with it.

Though all of the IRs reviewed had at least one error, a blank area, or some incomplete information, many of these basic errors were identified during the Senior Management Review (SMR) audit and the thoroughness of completion of the IRs has improved. More work, however, needs to be done on catching more technical errors and in reviewing information for quality so that the entire IR is completed including all witness statements and nurses' reports.

The Shift Commander should take the lead role in ensuring all required information is complete prior to a SMR, and there is evidence to suggest they are now beginning to do so. Of the 10 staff members interviewed, all stated that the Shift Commanders or another manager provided feedback if staff submitted an incident report containing errors, either verbally or in writing or both. This is very positive, as it follows that the more feedback staff get, the less likely they are in the future to make the same mistake on another IR. The Shift Commander sections of the IRs still need work, but evidence showed some of them were improving in the quality of their review (this is discussed in more detail in the Senior Management Review section of this QI report.)

All of the staff was also able to describe their responsibility to complete an incident report if they are involved in an incident and to ensure that the involved youth is immediately taken to Medical for an assessment. All IRs reviewed included completed body sheets (more information on their quality is provided in the Health Care Inquiries Regarding Injury section in this QI report.)

The DJS incident reporting standard also requires that youth have the opportunity through a grievance process to report issues confidentially and without fear of reprisal. There were only 10 written grievances submitted between January 1 and March 16, 2008. Of

these, three dealt with issues with staff and three involved points and the BMP; others involved a variety of issues. There were consistently short periods of time between writing the grievance and follow-up by the Youth Advocate; most grievances were picked up by the Advocate within two days and addressed that same day or within one to two days later. The follow through and resolution were very good and the Youth Advocate is consistently present around the facility and could be readily identified by the youth.

Because youth in detention facilities may not be comfortable utilizing a written grievance procedure, BCJJC provides for an alternative way for youth to report problems. On a positive note, several youth indicated they would speak directly to their Case Manager or to a particular staff person, indicating they have formed some trusting relationships and rely on these discussions as a less formal grievance process. The youth reported that submitting a written grievance would be tantamount to "snitching" and often youth indicated they would "handle things for themselves" rather than "tell anyone." Of the 13 youth interviewed, all knew how to access grievance forms and file a written grievance but most seemed to indicate they would not do so. There may be some benefit to working through this problem by explaining that they can get what they need through the grievance process (and why this benefits them). The Child Advocate or other staff may even have to model helping them write and, sign grievance forms, and then remark to the youth how the grievance system worked when their issue is resolved. Good issues to start with are "needs" issues: TV's, new slides, or a hair rag. Once the youth consistently see (and are reminded out loud) that the written grievance system helped them to access these items, they may be more comfortable using it to report other, more complicated complaints or issues.

The grievance boxes on all of the units were stocked with grievance forms but some of the grievance boxes were missing the "Grievance Box" sign and on one, the grievance form slot was blocked by the sign. This may have also led to fewer grievances being filed and should be corrected immediately.

RECOMMENDATIONS

In order to reach Performance status in this area it is recommended that the facility:

- Provide refresher training to Shift Commanders regarding use of the "Step by Step Guide to Completing the Maryland Department of Juvenile Services' Incident Report Form" manual. Require a copy of the manual be posted at key areas around the facility for easy reference.
- Enroll direct care staff (including those who show a need or who have not attended recently) in report writing refresher training. Continue to track those who need more assistance and ensure they are coached and re-trained regularly.
- Enroll Shift Commanders and Group Life Managers (including those who show a need or who have not attended recently) in report writing refresher training. Continue to track those who need more assistance and ensure they are coached and re-trained regularly.

- Ensure Shift Commanders review the IR prior to accepting it to see that it is complete and thorough. All of the information submitted should make sense as a complete account of the incident and problems completing the narrative portion of the form should be resolved before the IR is turned into the Superintendent's office. All witness statements should be included.
- Require all restraints to be described in detail, for example, identifying which staff's hand was on what part of the youth's body, whether youth complied, and how the youth was physically moved or escorted, including why mechanical restraints were used or seclusion was required as applicable.
- Replace signs on the grievance boxes so that they are well-marked and conspicuous. Ensure all slots remain unobstructed.
- Model helping the youth write a grievance. Once the need has been met, remark to the youth how the grievance system worked for them as staff had stated it would. Once the youth consistently see (and are reminded) that the grievance system is what produces these items, they may be more comfortable using it overall. Discuss that it is not "snitching" to ask for what you need.

SENIOR MANAGEMENT REVIEW — RATING: Partial Performance

STANDARD

Written policy, procedure and practice document that incident reports are reviewed and critiqued by shift commanders and critical documentation, such as incident reports, suicide watch and seclusion paperwork, are routinely audited by senior managers within DJS timelines and corrections are made by staff timely.

SOURCES OF INFORMATION

- Review of Incident Reports
- Interviews with staff
- Interview with the Superintendent

REFERENCES

DJS Policy MGMT-03-07 Incident Reporting Policy (MGMT-3-01); ACA 3-JDF-3B-10 and 3-JTS-3B-11

SUMMARY OF FINDINGS

The Senior Management Review (SMR) is a necessary component of the effective and efficient operation of detention facilities. Shift Commanders, Group Life Managers and Facility Administrative personnel offer a broad range of experience and insight into why incidents occur and how they can be prevented as well as about youth treatment and care and troubleshooting problem situations.

DJS Policy requires that the SMR be completed within 48 hours of an incident. The SMR process is essentially a two part review: the first part consists of the initial Shift Commander's review/comments which constitutes a critique that is included in the incident report. The second part of the process takes place after the incident report is completed, and is done by staff at the Group Life Manager level or higher. This is the IR Audit.

Initial Shift Commander Review:

All of the 15 IRs reviewed had a completed Shift Commander comment. Of those, four contained quality comments that involved a critique, and all of those were written by the same person. The Shift Commander's comments included noticing that staff were out of ratio or left an area, or that a youth likely received bad news so staff should have been extra vigilant in watching and talking to him. The other Shift Commanders tended to comment that staff "did a good job" (but did not give a reason why) and many missed key issues that occurred during the incident, including ratios, poor implementation of a restraint technique, missing statements, etc. When critiques are not provided, staff does not have the opportunity to learn and improve their use of prevention and intervention strategies.

IR Audit:
There has been improvement in the number and quality of audits since this process was enacted approximately nine months ago, but there is still work to do. Of the 15 IR audits reviewed, two were very complete and noted the missing information properly, three had no audit conducted at all and the other 10 missed one or more issues within the IR that should have been noted and corrected. Examples of issues missed include: One IR indicated that "the door was secured behind youth" but the staff also wrote that seclusion was not used. The auditor did not catch this contradiction. In two others, two female staff did not intervene in a fight but waited for assistance and no mention was made of their inaction. Other audits did not identify restraint terminology mistakes, staff ratio problems, missing witness statements, and narratives that were inconsistent with witness statements. Still others did not catch that a seclusion episode lasted over eight hours and therefore the need for it to be updated in the IR database.

The most common error was that mistakes were caught, but never documented as sent out to staff to correct, and often, when requested information was corrected and the IR returned, it was so far after the event that staff could not reliably have remembered what happened.

The length of time between incidents and audits averaged 10.5 days, longer than the 2 days required by policy; 25% were audited within 2 days as required.

RECOMMENDATIONS

In order to reach Performance status in this area it is recommended that the facility:

- Complete audits for all IRs daily and always within 48 hours.
- Establish a system for tracking the incident reports that require corrections found after the audit is completed; include a due date with a tickler system to ensure they are returned on time. Assign a staff person to be responsible for this task.
- Establish training for staff at and above Group Life Manager on how to complete the audit process more proficiently. Require they be done daily so that the numbers do not become overwhelming and so that adequate amount of time is available for each audit.
- Identify poor Shift Commander critiques more often in audits and return the IR to them with comments to identify why the critique was not adequate.
- Provide additional Shift Commander training to teach critiquing skills. Consider including Shift Commanders who are better at this skill to help instruct the training classes. Often, Shift Commanders learn best from each other. Review Shift Commanders' comments at weekly self-assessment or management meetings to track who might need more training and to find others who might be able to train those struggling.

DE-ESCALATION and RESTRAINT — RATING: Partial Performance

STANDARD

Written policy, procedure and practice document the use of verbal crisis intervention techniques to de-escalate a situation prior to the use of physical restraints. Physical restraints are used only when necessary and the least restrictive physical restraint is used first. Incidents involving physical restraints are video taped.

SOURCES OF INFORMATION

- DJS Incident Reports from Jan-Mar 2008
- Facility training spreadsheet
- Interview with Superintendent
- Interviews with youth
- Interviews with staff

REFERENCES

DJS Incident Reporting Policy (MGMT-03-07); DJS Crisis Prevention Management (CPM), Techniques Policy (RF-02-07); DJS Video Taping of Incidents Policy (RF-05-07); ACA 1-SJD-3A-14-15

SUMMARY OF FINDINGS

DJS policy requires a continuum of interventions to be followed prior the use of physical restraint. This continuum includes verbal requests, non-verbal interventions, directive touch and other related techniques. Physical restraint should be used as a last resort or if the youth poses an immediate and imminent threat to self or others or if the event of an attempted escape. In order to assess proper CPM technique, the QI Team looks at incident report narratives, videotapes and CPM training records, as well as considers information from staff interviews and statements from youth.

The incident reports lacked substantive information about the continuum except for verbal directives to stop. They also lacked detail about the application of the restraint in 12 of the 13 IRs reviewed that involved a restraint. Most simply said the youth "was restrained" or was "escorted to his room," vague descriptions at best. In two separate cases, staff described the same restraint using two different names, suggesting they were unclear about which restraint was being applied. In another case, the youth was restrained on the floor "trying to get the youth to calm down" but there is no description to follow the sequence of events or the restraint itself.

In one case, the staff held the youth around both arms and lifted him off his feet (another staff's witness statement simply calls this a "passive escort"). The additional narrative statement (written much later after auditing on 3/1/08) noted that "proper restraint was not helpful or useful in this situation due to lack of staff and youth's aggression." There was no indication of exactly what the youth was doing to have led staff to consider him aggressive anywhere in the IR narrative. Later, in a separate witness statement, staff

noted that the youth "became aggressive toward staff" but the aggressive behavior was not described. Without the required detailed information to justify why there was a departure from accepted CPM techniques, the reviewer cannot determine whether this was for acceptable reasons. And the Shift Commander stated in the comments section that all was "done properly" when clearly, from a reading of the IR and witness statements, it was not.

In 4 of the 13 IRs reviewed that involved a restraint, female staff called for assistance to intervene in a fight between youth, waiting for other, usually male, staff to arrive before intervening. Some of the youth interviewed indicated that certain staff are "afraid" of the kids. Staff hesitation to intervene in a fight can increase the risk of injury to youth and the reasons that this may occur should be examined and addressed by facility administrators.

Videotaping of incidents is a good way to review staff's use of physical restraint techniques. The Department's policy encourages the video recording of incidents as this is: 1) instrumental in evaluating the techniques(s) used during a physical restraint, especially without detailed narratives in the incident reports, 2) crucial in absolving staff of unfounded accusations of abuse (e.g. excessive force), and 3) useful as a training tool. BCJJC is equipped with an overhead camera system that captures most areas of the facility. The Superintendent and Assistant Superintendent confirmed independently that though they did not use the camera as often in the past, they are now using it more frequently to review even basic incidents. They also now utilize a binder with labeled CDs of incidents for easy review as was suggested in the last QI Review. BCJJC is encouraged to use these CDs in facility trainings. The restraint observed by the QI Team in one taped incident was properly applied by staff.

DJS policy states that only an employee who has completed DJS approved initial training on the appropriate use of physical restraint and who can provide evidence of a semi-annual DJS approved refresher training on the appropriate use of physical restraint may implement physical restraint. Most facility employees who were due for CPM training received it toward the end of 2007, so most are currently in compliance with CPM training. Because there is currently no Training Coordinator in the facility, however, CPM training has not been regularly offered in the last few months. It is highly recommended staff be enrolled in in-service training on CPM on a regular schedule in order to maintain the progress that was realized in 2007.

RECOMMENDATIONS

In order to reach Performance status, it is recommended that the facility:

- Provide refresher training to ensure staff are up to date on CPM and Report Writing training requirements. Require any staff that is past the six month CPM refresher period sign up for training immediately and follow up to ensure attendance.
- Regularly quiz staff and ask them to demonstrate restraints for Shift Commanders and Senior Management. Observe techniques and provide on-the-spot coaching.

- Continue to coach direct care staff on narrative detail, especially detail about the restraint and how it was applied.
- Remind staff of their responsibilities to intervene in the case of a fight. Ask staff for reasons that lack of appropriate intervention might occur and whether they need further training or other resources. Identify staff who do not appropriately intervene through viewing video of incidents and document progressive discipline if staff do not respond as required.

CONTRABAND/ROOM SEARCHES — RATING: Performance

STANDARD

Written policy, procedure and practice document searches of rooms, youth and any contraband found. Incident Reports are written for contraband found in accordance with DJS policy.

SOURCES OF INFORMATION

Unit Logbook
Facility shakedown sheets
Interview with Superintendent
Interviews with youth
Interviews with staff
Observation at facility

REFERENCES

DJS Searches Policy (RF-06-07); Incident Reporting policy (MGMT-03-07); ACA 1-SJD-3A-16

SUMMARY OF FINDINGS

DJS policy requires youth rooms to be searched a minimum of once per week. Policy also requires that all general areas are searched to include the school, cafeteria, medical, and dayroom. These and other searches ensure the safety of both staff and youth.

Based on interviews with youth and staff, and a review of shakedown sheets and log books, room and general area searches are primarily conducted at least once per week and daily, respectively, and this was confirmed by the Superintendent and Assistant Superintendent.

The DJS database revealed 22 incident reports that referred to contraband confiscated/found (i.e. cell phones, sharpened objects, cigarettes, gang graffiti, etc) for the period of December 1, 2007 thru March 16, 2008. A review of Unit 23's logbook revealed that a cell phone was found on March 13, 2008; as of March 21st, the IR related to that find was not yet entered in the DJS database.

While on site, the QI team conducted a shakedown on one unit of F Pod and found some contraband. The recovered contraband included a long copper wire hidden inside a vent in room F2008, gang graffiti written on a large envelope in room F2009, and an excessive amount of snack foods in room F2011. No contraband was found in the day area or anywhere else in the facility during the QI review.

RECOMMENDATIONS

In order to reach Superior Performance status in this area it is recommended that the facility:

- Review IRs completed in the past several months to discover where contraband is most typically found on the units (Is it in vents? Under stairs or under mattresses?) Use this information to alert staff to spend extra time in these areas when they conduct searches.

SECLUSION — RATING: Non Performance

STANDARD

Written policy, practice and procedure provide that youth confined to a locked room, not during sleeping hours, shall be observed often and have those observations documented, shall only be placed in seclusion if they present an imminent threat to others, a substantial destruction to property or an imminent threat of escape, and shall be treated humanely and with concern and care so as to safely maintain the youth until he can be released in the least amount of time.

SOURCES OF INFORMATON

- Facility Seclusion Log
- Seclusion Observation forms Jan-Mar 2008
- Interview with Superintendent
- Interviews with youth
- Grievances Jan-Mar 2008
- Interviews with staff
- Observation at facility

REFERENCES:

DJS Seclusion Policy RF-01-07; COMAR 16.18.02

SUMMARY OF FINDINGS

DJS policy authorizes the use of seclusion only when youth present an imminent threat to self or others, are an imminent escape risk, or when less restrictive measures of control have not been successful. Seclusion cannot be used as punishment and must be documented according to policy. The seclusion logs and database information from BCJJC yielded the following information:

Month (2008)	Total # of Seclusions	Population Average
January	111	127
February	121*	131
March (through Mar 16th)	97	120

*there were 67 more youth seclusions due to short staffing in February for a total of 188 seclusion episodes. For ease of comparison, they were separated out. It is admirable that BCJJC now includes short staffing room time in their seclusion log if they have to leave a youth in his room. Most of the seclusions for short staffing were from 2-5 hours each and all occurred on one day.

There is no prescribed length of time in seclusion because it is not used as punishment, but policy is clear that when seclusion is used youth must be re-assessed, checked by mental health, documentation prepared as to extensions or (id seclusion extends beyond 72 hours) released altogether. Though prior visits have shown BCJJC to have significantly shortened seclusion episodes from the typical 48-72 hour stays that were

typical just over a year ago, the length of time in seclusion seems to be increasing over the last three months. The average length of time in seclusion in March was 23.4 hours, an entire day. Another concern was that in January, 73% of seclusions lasted more than 8 hours. The percentage of seclusions lasting more than 8 hours was even higher in February (79%) and March (80%).

Youth interviews and seclusion documentation indicate that seclusions are lengthy and that shift commanders do not justify why they feel the youth cannot be released. Shift commanders are required by Departmental policy to meet with the youth in the first hour, and every two hours thereafter until release. The purpose is to discuss alternative behaviors and to assess readiness for release from seclusion and reintegration with the general population.

A records check of justifications for continuing seclusion showed that out of 15 separate seclusion episodes for 15 youth, none of the multiple sheets, throughout the youth's stay in his room, consistently justified why the youth was kept in seclusion. Shift commanders generically wrote that the youth "was not ready to process," or was "sleeping" or that they wanted "more time to assess" the youth and would talk to him later. None of these gives the reason why he is not released, and therefore, the episodes give the appearance of punishment rather than protection of the youth, other youth and/or staff.

In addition, seclusion logs identified several incidences of youth entering seclusion at the same time, but also coming out at the same time, which again suggests punishment rather than protection. (During days reviewed during January, 58% of seclusions involved youth being released at the same time, 45% were identified with this pattern in February and 36% were identified in March.) Though BCJJC employs a mediation strategy and often releases youth at the same time to process the event together, the pattern of findings requires vigilance and on-going review at the facility and QI-review levels.

Direct care staff is required to observe and document seclusions of youth randomly at least 6 times per hour and to document the youth's behavior. Of the 15 episodes reviewed, all of the sheets were present for the shifts, but direct care staff checks were thorough and complete in only 3 of the cases. Problems observed included gaps in checks ranging from a few minutes to one or more hours, and in two cases, handwriting and ink changes showing one person writing in dates and writing the behavior and time, as well as insufficient numbers of checks. These common problems were caught in several cases (but not all) by a supervisor as notes were written on the sheet, however, it is unclear whether these notes were shared with direct care staff, or simply caught and noted at a later time when the sheets were being reviewed (a simple solution would be to require the direct care staff to initial next to the supervisor's check.)

On a very positive note, one seclusion sheet noted "missed checks, cleaning youth's room" showing that the staff was diligent about documentation of events and that the missing written checks were understandable. In another instance, a staff person was viewed recording the youth's behavior but was a half-hour behind in checks. She correctly wrote "missed checks" and began at the current time on the clock without

prompting. In prior visits, this was unusual; staff might "fill in the blanks" with times (since they were on the unit the entire time, they assumed this was alright.) Staff seem to be becoming more diligent about writing in accurately what they have seen and done and documentation therefore is viewed as more reliable.

Medical checks are required to be made of youth in seclusion every two hours according to policy but of the 15 episodes reviewed; only one case adhered to this standard. In the other 14 cases, there were two common problems: "exact checks" of 11 pm, 1am, 3am, and 5am with the overnight nursing staff, and gaps in checks during the day of between 4 and 12 hours. It is highly recommended that shift commanders call the nurses' station when they see (during their check) that the nurse is past the two hour mark.

Finally, seclusions lasting over 8 hours are required by Department policy to be noted as such on the incident report and entered into the incident report (IR) database. Of 15 youth in seclusion for more than 8 hours, 11 had no update in the IR database indicating that seclusion lasted over 8 hours. The reliability of 8 hour+ seclusion in the IR database cannot be established without consistent compliance with this standard. Even Senior Management audits often missed this important problem.

RECOMMENDATIONS

In order to reach Performance status in this area it is recommended that the facility:

- Review seclusion paperwork daily so that staff and managers are aware of all seclusion-related documentation problems immediately. Daily, dated audits highlighting and initialing errors is a good first step.
- Document seclusion checks on youth randomly six times per hour per DJS policy. Encourage staff to use their watch time, the radio's time, or the large digital clock's time (posted on all units) to be sure they are writing the actual time and not estimating the time of checks.
- When problems with direct care staffs' checks on sheets are found by the shift commander, require the direct care staff to initial next to that supervisor's note to confirm on-the-spot correction was made.
- Individually process with youth in seclusion and release each when the youth no longer presents a threat of harm or escape. When dual mediation with youth is used for processing, document that fact in the log, and assess whether one youth can be released and the mediation occur later.
- Require that shift commanders processing with youth document exactly why a youth is not being released from seclusion every two hours on the form.
- Direct Group Life Managers to review all shift commander and direct care checks and sign off on seclusion forms until they are in line with policy.
- Require shift commanders to contact nurses when they see Medical has not completed two hour checks as required.
- Set up a system that requires Superintendent notification and approval before seclusion can be extended to more than 8 hours. As part of the approval process, the Superintendent should require that IRs must be immediately updated and a

note recorded in the seclusion log indicating that seclusion over 8 hours was documented. Spot check for 30-60 days to ensure this is working and re-assess and modify procedures if it is not.

- Upon implementation of all new processes, document progressive discipline measures for non-compliant staff.

ROOM CHECKS DURING SLEEP PERIOD — RATING: Non Performance

STANDARD

Written policy, procedure and practice document that staff visually check the safety and security of each youth at least every 30 minutes during the sleep period, unless instructed to check more often due to the status of the youth. Room checks during sleep period document the youth's name and the time the check was conducted

SOURCES OF INFORMATION

- Interviews with staff
- Interviews with youth
- Logbooks
- Room check sheets

REFERENCES

DJS Youth Movement and Counts Policy RF-02-06; ACA 3-JDF-3A-04 and 3-JTS-3A-04

SUMMARY OF FINDINGS

Research has confirmed that youth in juvenile detention facilities are more likely to attempt suicide or escape when they are alone in their locked rooms. As a result, DJS Policy provides for regular checks of youth during sleep hours and it is imperative that staff members carefully conform to this requirement.

Based on a review of Guard Tour documentation and logbooks, along with interviews with staff and youth, the reviewers determined that BCJJC is not checking or documenting room checks during sleep periods as required according to Policy and the facility's operating procedure.

DJS policy requires room checks during sleep periods occur within 30 minutes while the facility operating procedure requires rooms to be checked every 15 minutes. Sixty-seven of the 80 randomly selected dates reviewed revealed that Guard Tour checks varied between 31 minutes up to 4 hours. Additionally, documentation indicated that room checks do not start occurring until 11:00 p.m., although youth bedtimes start at 8:30 p.m.

The facility currently downloads the Guard Tour system everyday, but the system is not uploaded and reviewed on a daily basis. Based on interviews with the Shift Commanders, the facility does not currently have anyone assigned to upload and review the Guard Tour data so discrepancies are not often quickly identified and addressed. It should be noted, however, that in at least 6 occasions in the last 3 months, the facility was able to provide documentation to support that disciplinary actions have been taken against staff who did not conduct room checks as required.

RECOMMENDATIONS

In order to reach Performance status in this area, it is recommended that the facility:

- Update the facility operating procedure (FOP) to include daily review of the Guard Tour data. Consider requiring Shift Commanders to complete this review so that they are aware how staff on their shifts performed their assigned duties.
- Forward all discrepancies and failures to meet the FOP requirements immediately to the Superintendent for follow-up and corrective action.
- Conduct unannounced visits to and regularly view video footage of units during the late night shifts to observe the process and monitor the documentation.
- Remind staff of the importance of conducting room checks every 15 minutes as is required in the FOP.

PERIMETER CHECKS	RATING: Partial Performance

STANDARD

Written policy, procedure and practice document daily security checks of the perimeter to include, at a minimum: a check of all locks, windows, doors, fences, gates, security lighting, security devices, and a check of outdoor areas, gates and security fences to ensure they are secure, free from contraband and have not been tampered with.

SOURCES OF INFORMATION

Facility and Perimeter Tour
Observation
Logbooks
Interviews with staff
Interview with Director of Security
Shift commander check sheets
Interview with Superintendent

REFERENCES

DJS Perimeter Security Policy RF-09-07, Maryland Standards for Juvenile Detention Facilities; ACA 3-JDF-3A-12, 2G-02, 3-JTS-3A-12 and 2G-02

SUMMARY OF FINDINGS

Regular perimeter checks are an important aspect of safe facility management. Fence breaches, unlocked doors and damaged gates can lead to escapes. DJS policy requires that searches of perimeter and grounds be conducted on a daily basis to ensure that there are no immediate breaches of security or visible contraband.

Based on interviews with security officers and the Director of Security, along with a review of Daily Safety and Security Checklist sheets, DJS Security Officers conduct exterior building and fence perimeter checks at least daily.

Based on interviews with staff and the Superintendent, along with a review of Shift Commander's Check Sheets, Shift Commanders conduct perimeter checks of the building's interior which consists of the loading dock/Sally Port area, Units, Education, Dining Hall, Visitation area, Holding, Gym, Intake, Medical Unit, and Infirmary at least daily.

The Shift Commanders' checks do not articulate the time of the checks and what items (i.e. locks, windows, doors, etc.) or security devices were examined during the interior perimeter check. Identifying the time would add additional integrity to the documentation.

DJS policy requires that security doors be kept locked at all times. Authorized persons

entering or exiting through a security door are to ensure that security doors are locked. On three occasions, members of the QI Team observed a security door that was ajar. A staff was observed securing one of the doors after noticing it was unsecured but too often, the main security doors might not close due to the airflow through the facility. The doors require adjustment that may make them slam harder, but will ensure they close securely behind staff. Staff should be reminded to check doors when they go through them.

DJS policy requires that unoccupied areas and storage rooms be kept locked at all times. During a tour of the facility, the door to a restroom located in a corridor was open and unlocked and at least two janitor's closet doors were unsecured on two units.

RECOMMENDATIONS

In order to reach Performance status in this area it is recommended that the facility:

- Add to the Shift Commander's checklist what items (i.e. locks, windows, doors, etc.) or security devices were examined during the perimeter check and the time the check was conducted.
- Remind staff that they must physically ensure that all security doors are secured after entering or exiting through a door.
- Ensure Maintenance has adjusted all security doors so that they close even with strong airflow in the hallway.
- Ensure all unit staff has keys to the janitor's closet door. Spot inspect janitor's closet doors daily and document progressive discipline for staff who neglect to lock their units' door.

STAFFING	RATING: Partial Performance

STANDARD
The facility maintains a current staffing plan that ensures a sufficient number of staff is present to provide an environment that is safe, secure and orderly.

SOURCES OF INFORMATION

- Facility staffing list including vacancies
- Facility Logbooks
- Shift schedules for six random days
- Interview with Superintendent
- Observation at facility

REFERENCES
ACA 1-SJD-1C-03

SUMMARY OF FINDINGS

Consistent coverage of facility shifts is vital to the safety and security of DJS youth.A sufficient number of well-trained staff are essential to solid supervision as well as access to education, programming and recreation. The staffing ratio at BCJJC is 1:6. This ratio is well within professionally accepted standards.

Six random dates were selected and reviewed. The facility was in compliance for most of the shifts, but there appeared to be two consistent themes affecting staffing. First, there was a strong reliance on overtime to meet the required ratios on all of the shifts reviewed. In interviews, staff indicated that they have to work double shifts between 1-2 times per month to 2-3 times per week. Three of the nine staff interviewed indicated they do not like working overtime as frequently as they must, one stated she did like the overtime for the extra money, and five indicated they did not care either way.

Second, even after having met the ratio at the beginning of the shift, often there were times when a staff left the unit which compromised the ratio. At times this was in direct relation to youth movement. However, there were instances where the absence of the other staff assigned to the unit was not documented in the logbook and there was no operational reason noted to explain the absence of that staff person.

The following factors led our reviewer to rate staffing in only Partial Performance:

1. The heavy reliance on overtime to meet ratios could lead to potential safety and security issues. Tired, overworked employees are less observant, which could mean they miss a youth's cues that later lead to a fight. They are also less patient, and are less likely to use the Response Ability Pathways (RAP) model in

processing with you and building trust, favoring a "quick fix" that is less effective. Constant overtime also leads to time and attendance issues and breakdowns in programmatic areas.

2. The recurrence of staff leaving their assigned housing units for numerous reasons left the units out of ratio many times on each shift on each day observed. This practice should be reviewed using video camera footage to watch the movement of staff and to assess who is leaving and why they are doing so without ensuring coverage in their absence.

RECOMMENDATIONS

In order to reach Performance status, it is recommended that the facility:

- Hold Shift Commanders accountable for maintaining safe staffing ratios throughout the shift. Shift Commanders must provide relief and ensure supplemental coverage for the units during bathroom breaks or other issues arising that require an additional staff.
- Consider using the cameras in the units to watch staff movement and track if certain staff or units are more problematic than others.
- In addition to the facility's staffing plan, ensure that all staff understand critical posts and the requirement to remain on post until properly relieved and until clearance has been received from the Shift Commander.
- Fully staff the facility using the facility's staffing plan to eliminate unscheduled double shifts and provide appropriate supervision on all units, including staff support to assist with youth movement and staff relief.

CONTROL OF KEYS, TOOLS, & ENVIRONMENTAL WEAPONS	RATING: Non Performance

STANDARD

Written policy, procedure and practice provide for the control of tools and equipment that could be used as weapons or for other dangerous purposes. There is system that ensures strict accountability of the receipt, usage, storage, inventory, and removal of all toxic and caustic materials.

SOURCES OF INFORMATION

- Facility Tour
- Interview with staff
- Key Inventory
- Tool & Sharp Objects Inventory

REFEERENCES

DJS Key Control Policy RF-06-05; DJS Perimeter Security Policy RF-09-07, ACA 3-JDF-3A-22 and 3-JTS-3A-22

SUMMARY OF FINDINGS

KEYS:

This facility currently has no key control system in place that establishes strict accountability for all keys. The lack of an effective key control system poses a threat to the safety and security of staff and youth. Youth may have access to keys, doors, and locations within the facility without staff ever realizing that keys are missing. The facility has a Key Control Policy (FOP) which basically parallels DJS policy; however, the policy is not adhered to and needs updating (i.e. identifying the new key control officer).

DJS policy requires all staff be provided with a metal key chit that is exchanged for receipt of facility keys. Staff members, however, are provided facility keys without a chit so keys are not accounted for in any systematic way.

DJS policy requires that facilities maintain a Working Key Board that contains keys issued on a regular basis, and a Back-up Key Board containing back-up and pattern keys which should be located in a secure location. The facility has a Working Key Board located in Master Control; however, there is no Back-up keyboard maintained at the facility. The facility does not identify or store highly restricted keys according to departmental guidelines.

DJS policy requires that a set of emergency keys will be maintained in a secure location away from, but near, the facility (either at another DJS facility, local law enforcement facility, fire station, etc.). Based on interviews with staff, this facility does not have a set of emergency keys secured at another location.

TOOLS AND ENVIRONMENTAL WEAPONS:
Since the daily operation of the facility requires staff to have access to various tools, culinary, cleaning and medical equipment (sharps), a system of internal accountability should be maintained in order to always know where these items are so as to maintain facility safety.

The janitor's closet doors are not consistently locked every day on all units. Youth would have access to mops and brooms as well as chemical cleaners.

The Maintenance shop does not maintain a master inventory list of tools and equipment stored or used at the facility. Additionally, there is no sign-in/sign-out system for tools and equipment.

The Medical office does maintain a perpetual inventory system that tracks the number of hypodermic needles used and stored. All hypodermic needles are stored in a locked cabinet in the Medical section.

The food service area maintains a sign/out and inventory system for knives and utensils that are secured on hooks in locked steel cabinet mounted on a wall. However, the cabinet is not large enough to safety contain the number of utensils being stored. It was noted that several sharp knives/utensils are hung on one hook. During a physical inventory of the knives/utensils stored in the cabinet, the slightest touch of one knife/utensil against a utensil on another hook would cause that knife/utensil to fall from the hook and onto the floor. A new or additional cabinet is recommended.

RECOMMENDATIONS

In order to reach Performance status in this area the following is recommended:

- Establish a Tool Control procedure for the Maintenance shop.
- Obtain a larger or additional metal cabinet for the storage of sharp knives/utensils. The metal cabinet should be set up as a shadow board with only one knife/utensil to a hook for ease of use and inventory.
- Adhere to the Department's Key Control policy.
- The use of highly restricted keys should be logged in and out according to policy.
- Assign a Key Control Officer and write a post order for the Key Control Officer.
- Update the FOP to identify the new Key Control Officer and other necessary applicable changes that will assist in conforming to DJS' Key Control policy.

YOUTH MOVEMENT & COUNTS — RATING: Partial Performance

STANDARD

Written policy, procedure and practice document a system for physically counting youth. Youth movement is orderly and provides for identifying each youth movement and the specific location of each youth at all times. Formal and informal headcounts are conducted and documented in accordance with departmental guidelines. Emergency counts are conducted and documented when necessary.

SOURCES OF INFORMATION

- Logbooks
- Interviews with staff
- Interviews with youth
- Facility tour
- Observation of youth movement

REFERENCES

DJS Youth Movement and Counts policy RF-02-06; ACA 3-JDF-3A-13 & 14 and 3-JTS-3A-13 & 14

SUMMARY OF FINDINGS

Based on interviews with staff, observations of youth movement, and a review of control room and unit logbooks, youth movement is generally orderly and is consistent with the 1:6 staff to student ratio.

Interviews with staff and youth, observation, and a review of control room and unit logbooks confirm that this facility conducts head counts multiple times throughout the day. However the documentation is not done according to DJS policy. Currently, unit logbooks simply note that a count has been conducted. DJS policy requires that counts be recorded in the logbook to include not just the fact that the count occurred, but also:

- The time of the count;
- The count itself;
- Name(s) of employees performing the count;
- The location of groups of youth (library, class, outside area); and
- Youth outside of the location where the count is occurring.

Without this pertinent information included in each documented headcount, it is impossible to determine if the counts accurately reflect the actual number of youth and staff present. Proper headcount documentation is essential to ensure a strict accountability of youth at all times.

RECOMMENDATIONS

In order to reach Performance status in this area it is recommended that the facility:

- Train staff on the proper documentation procedure of head counts.
- Randomly cross reference the headcount documentation kept in unit logbooks against the headcount documentation kept in the master control logbooks.
- Update Post Orders and FOPs to include youth movement and count expectations.
- Hold Unit Managers and Shift Commanders as well as the Director of Group Life and Assistant Superintendent accountable for reviewing the logbooks and addressing deficiencies.

FIRE SAFETY	RATING: Non Performance

STANDARD

Written policy, procedure and practice document the facility's fire prevention and safety precautions in accordance with departmental guidelines. Provisions for adequate fire protection service provide for the availability of fire protection equipment at appropriate locations throughout the facility and the control of all use and storage of flammable, toxic, and caustic materials.

SOURCES OF INFORMATION

- Facility Tour
- Interviews with security staff
- Interviews with the Superintendent
- Interviews with maintenance staff
- Review of Logbooks
- Examination of Fire Safety Equipment
- Fire Drill Documentation

REFERENCES

DJS Policy MGMT-3-01; ACA 3-JDF-3B-05, ACA 3-JDF-3B-10 and 3-JTS-3B-11

SUMMARY OF FINDINGS

Clear fire safety procedures, regular fire drills and maintained fire equipment are necessary to ensure the safety of the youth and staff at any facility and are also required by Maryland Code.

Based on a tour of the facility, fire extinguishers are not checked according to departmental guidelines. Fire extinguishers should be checked on a monthly basis however, fire extinguishers have not been checked since August 2007. The staff person responsible for making the checks (maintenance staff) disclosed that he is aware that the checks should occur monthly but he does not have the time to do so.

Although this facility documents fire drills, interviews with staff and youth revealed that this process is inadequate in that it does not prepare youth and staff for a routine and safe response to an unexpected emergency.

Currently, staff members announce the fire drill and all staff and youth line up next to a fire exit door. The youth are never moved through the door nor is the door ever opened. Interviews with security staff revealed that only shift commanders have the keys to fire exit doors so in the event of a fire, they would have to wait for that particular staff to arrive on their unit before they could exit.

During a tour of the facility, the shift commanders were asked to open fire exit doors. Two of the four randomly selected doors were stuck or hard-to-open and one of the four doors would not open at all. Hard-to-open and inoperable doors/locks pose a serious safety issue in the event of a real emergency. It is therefore imperative that these doors are frequently checked and immediately fixed when problems are discovered.

Interviews with shift commanders and group life supervisors also revealed that in the event of an emergency, fire extinguishers would not be easily accessible. Only 2 of 10 staff interviewed were able to readily identify the key that unlocks the fire extinguishers. Although staff members had the key on their ring, they were unaware of what the key unlocked.

RECOMMENDATIONS

In order to reach Performance status in this area it is recommended that:

- Write a FOP for fire safety procedures.
- Establish a Fire Safety Officer who is responsible for checking that all documents and drills are being completed per policy.
- Ensure that fire extinguishers are checked on a monthly basis.
- Incorporate youth movement through fire exit doors during the fire drill.
- Ensure that all security staff are familiar with the keys needed to unlock fire extinguisher storage cabinets. Mark or notch them so that they are identifiable.
- Ensure that staff members have and are familiar with fire exit emergency keys. Mark or notch them so that they are identifiable.
- Practice "key touch" with staff regularly. Require Group Life Managers and Shift Commanders to randomly quiz staff on key identification so that they know exactly which key to use in the event of heavy smoke or other emergency situation.
- Ensure that fire exit doors are routinely opened and inspected for proper functioning.

POST ORDERS	RATING: Non Performance

STANDARD:
Written policy, procedure, and practice provide post order for security post and key staff positions. Staff members are familiar with roles and responsibilities of the post order prior to assuming the post. Post orders are current. Shift commanders ensure that post orders are reviewed by the staff member. Post order signature sheet is signed by the staff assuming the post and initial by the immediate supervisor.

SOURCES OF INFORMATION:
Logbooks
Facility Tour & Observation

REFERENCES:
DJS Post Orders Policy RF-07-07; ACA 3-JDF-05, 3-JDF-3A-06, 3A-JDF-3A-07

SUMMARY OF FINDINGS:

A post is a place or function to which security staff members are assigned to ensure a safe, secure and orderly environment. Post orders are a written set of instructions, requirements, and guidelines for security staff to follow to ensure the effective operation of an assigned post to promote the safety and security of the facility, youth, and staff.

DJS policies states that at a minimum Post Orders shall be established for the following staff positions: (a) Resident Advisor (b) Resident Advisor Lead, (c) Resident Advisor Supervisor, (d) Shift Commander (e) Security; and (f) Special duty/assignment positions (i.e. key control, supply, safety officer or emergency management officer). The facility does not have Post Orders for the positions of: (a) Resident Advisor and (b) Resident Advisor Lead.

DJS policy requires that a copy of each Post Order and Post Order Signature form be maintained on or near each post and at the Command Control Center/Master Control. The facility currently has 8 post orders: (1) Master Control, (2) Floor Control, (3) Intake/Discharge, (4) Residential Group Life Manager I, (5) Housing Unit, (6) Outside Recreation, (7) Medical Post, and (8) Visitation. The aforementioned post orders were found to be posted at Master Control but nowhere else. There were no post order signature forms available for review.

A review of the facility's post order for the position of Residential Group Life Manager states that official counts are to be held at 6am, 9am, 12pm, 3pm, 6pm, 9pm, 12am and 3am. However, interviews with staff and the Superintendent revealed that the official counts actually occur at 7am, 7pm and 2am which is contrary to the post order. The post order should be updated to conform with both actual practice and DJS count policy.

RECOMMENDATIONS

In order to reach Performance status in this area, it is recommended that the facility:

- Ensure that staff review and sign the Post Order Signature form.
- Post a copy of all Post Orders and Post Order Signature Sheet(s) on or near each post as required by DJS policy.
- Write post orders for all applicable posts as reflected in the DJS Post Order Policy.
- Each post order should include:
    1. The name of the facility;
    2. The name of the posting location;
    3. The date that the post order was written;
    4. The time that the post is staffed;
    5. The number of staff that should be assigned to the post; and
    6. Detailed descriptions of the duties, to include the equipment needed.
- Shift Commanders should review the post with all staff under their supervision. This review should be documented using the Post Order Signature Sheet as required by DJS Policy.
- Post orders should be revised as needed and reviewed at least annually.

STAFF TRAINING — RATING: Non Performance

STANDARD

Written policy, procedure, and practice provide that all full-time staff who have regular and daily contact with juveniles receive organized, planned and evaluated trainings in accordance with departmental guidelines. Training is designed to develop the employee in job specific learning objectives.

SOURCES OF INFORMATION

- DJS Incident Reports, from Jan-Mar 2008
- Facility training spreadsheet
- Discussions with OPDT Director
- Interview with Superintendent

REFERENCES

Maryland Correctional Training Commission (MCTC); ACA 1-SJD-1D-03, ACA 3-JDF-1D-01, ACA –JDF-1D-02

SUMMARY OF FINDINGS

In-Service Training

Staff is required to accumulate at least 40 hours of annual in-service training covering identified topics in order to continue to be MCTC-certified and also to adhere to DJS' additional expectations for training. BCJJC has not held in-service training for staff this year as there is no assigned staff to serve as the Training Coordinator. A Training Administrator from the Professional Development and Training Unit (PDTU) has provided technical assistance by creating an in-service training schedule in conjunction with the Superintendent which will now begin the week of April 15th. The in-service training will be conducted in three phases. The first phase is comprised of Crisis Prevention and Management (CPM), Child Abuse Reporting, and CPR/First Aid and Safety and Security training modules/sessions. The second phase is comprised of Suicide Prevention & Education and Report Writing. The third phase includes Adolescent Mental Health and Developmental Disabilities and Gang Awareness training.

The staff will be divided into four groups (A, B, C and D) and are expected to fully complete the three phases and master the training objectives. The Superintendent has indicated he will provide a participant roster for each phase.

Entry Level Training

The BCJJC does not seem to be vigilant about ensuring that staff attend Entry Level Training (ELT) as scheduled. The last scheduled ELT program had 19 no shows and 15 of those were from BCJJC.

RAP Training

Direct care staff at BCJJC were the first to be trained in the Response Ability Pathways (RAP) training that DJS has offered. This training involves improving communication skills of staff so that they better understand the youth with which we are working. Staff learn that youths' prior trauma and poor family attachments have created past experiences that lead the youth to respond to adults in a negative way. Staff learn to identify these patterns and react differently; the goal being to develop new and calmer, more trusting, relationships. The training consists of a three full day course followed by regular follow-up with on-the-floor coaching by RAP trainers. Approximately one-half of BCJJC staff have attended, with further trainings scheduled, and the goal is that all direct care staff learn these new and valuable skills. The effect of this new initiative will be assessed by the QI Team during future reviews.

Certification Status

BCJJC has 35 contractual employees. Seventeen of the contractual employees are provisionally certified and the remaining are not provisionally or fully certified. BCJJC has 8 permanent merit staff in provisional certification status. There are two permanent merit staff whose provisional certifications expired in 2005 and they have not yet completed the requirements for full certification. There are three permanent merit employees who are not provisionally or fully certified. Work must be done immediately to alleviate these problems, especially the two staff no longer provisionally certified.

RECOMMENDATIONS

In order to reach Performance status, it is recommended that the facility:

- Adhere to the in-service training schedule that has been developed to ensure that staff meet the requirements for annual in-service training. Provide the list of staff that will attend each phase of the in-service training to OPDT.
- Ensure staff attend Entry Level Training as scheduled.
- Schedule new staff to begin employment on the first day of Entry Level Training; this might help decrease the high number of staff (31) who are working without certification. The ELT schedule for the year is provided to the Facility's Administrator and the Training Coordinator in advance.
- Address immediately the two BCJJC staff who are no longer provisionally certified.
- Hire a full time Training Coordinator.
- Ensure all staff are trained by October 1st of every year so that the last three months of the year are for make-ups and new staff only.
- Develop an internal audit system to check staff records for training deficiencies in order to "catch" the training hour deficiencies before they become overwhelming. Require the Training Coordinator, once hired, to provide monthly updates on status to the Superintendent.

ADMISSIONS/INTAKE & STUDENT HANDBOOK	RATING: Superior Performance

STANDARD

Written policy, procedure, and practice provide that the admissions process in each detention is operated on a 24 hour basis. The admissions process documents all required elements of the admissions. Such required elements include the initial search of the youth, verification of legal status, verification of basic identifying information, search of ASSIST database to obtain all legal history, photograph of youth upon admission, telephone call, classification, identification, student handbook, clothing and state issued items, and movement to the unit.

SOURCES OF INFORMATION

- Observation
- Review of the Facility Intake Packet
- Interview with intake staff
- Interview with Case Manager Supervisor
- Interviews with youth

REFERENCES:

Admissions and Orientation Policy RF-03-07; Maryland Standards for Juvenile Detention Facilities; DJS Classification Policy in editing stage; ACA 3-JDF-5A-02, 3-JTS-5A-01, 5B-01 through 04 and 5B-07 & 08

SUMMARY OF FINDINGS

An orderly and consistent intake process ensures youth who enter BCJJC do so fully screened and with information they need in order to know the rules of the facility. Interviews and documentation from BCJJC showed a procedure is in place to move youth from intake into the general population in a structured and consistent way. Staff in the intake area use an intake packet that includes a "checklist" that the QI Team found to be extremely helpful. On it, staff can indicate the date and time of the admission and time the screenings and other forms are filled out by the youth. Both the youth and the staff sign the checklist. With this, it was easy to see that MAYSIs and SASSIs are completed within two hours as required by policy. It also includes information about the FIRRST medical/suicide screening and staff indicated youth would not be admitted if they screened as inappropriate for admission on the FIRRST. The intake staff interviewed noted that in the last six months, two youth in her recollection were turned away for screening as inappropriate for admission on the FIRRST. Staff also knew that the MAYSI and SASSI were to be performed and scored within two hours, and indicated they are aware of how to score them and do so.

There is also a "test" the youth take to see if they know the rules and it was present in base files for review. It is simple but is a good tool to see that youth are aware of the

basics. The intake staff person also offers to read the contents of anything to the youth, which is a good practice.

A review of six youth base files by the Lead QI Reviewer found nearly every one had all of the necessary paperwork, including updated MAYSIs, SASSIs, FIRRSTs, informed consent forms and acknowledgement forms. Of the six files, two were missing current copies of the FIRRST and one had no checklist included, but everything else was present in all. There were further files checked by the Behavioral Health QI Reviewer and her findings are listed under Behavioral Health—Intake, Screening and Assessment.

For example, all had acknowledgement forms from the youth indicating the rules were explained to them and that they received a handbook. Youth interviews confirmed this with nearly all of the youth saying they received a handbook and were read the rules; often youth indicated they had been to BCJJC "so many times" that they "already knew the rules" and didn't need a handbook.

Having a youth handbook is good practice, not only because it is required to be available by policy, but also because it is an excellent method for clarifying issues. Referencing the same handbook puts both the youth and staff "on the same page," often helping youth understand that staff are only following certain rules, too, and reminding the kids of what is and is not OK on the unit. It also helps remind them of who key personnel are throughout the facility if they have a question. The handbook at BCJJC is complete, but it should be noted that when changes are completed with the Behavior Management Program (BMP) those changes should also be made in the youth handbook. Also recommended are copies for reference on all units.

One concern is the gang member questionnaire that is included in the intake packet: of the two youth who were identified gang members, both gave negative answers as to whether they were gang-affiliated. Though further research was not possible due to time-constraints, the Gang Prevention Unit may want to research to see whether these forms ever yield positive answers from gang members or whether there are other more reliable methods for assessing their status.

RECOMMENDATIONS

The facility has met Superior Performance but offered are two suggestions:

- Ensure that the updated Behavior Management Program (BMP) rules and levels and any other pertinent information, once completed, are included in the handbook and are clearly written in "kid-friendly" language (technical assistance available upon request.) Laminate copies of the handbook for each of the units; be sure they are posted and accessible by the youth on the unit and are replaced if damaged.

- Consider researching whether identified gang members ever respond positively on DJS gang questionnaires. If not, consider other methods for identifying these

youth. The intake process should be as streamlined as possible, while still capturing necessary information.

CLASSIFICATION — RATING: Partial Performance

STANDARD

Written policy, procedure and practice document that youth are classified and assigned housing according to standard criteria of risk, age, size, conduct, offense history, present legal charge and special needs.

SOURCES OF INFORMATION

- Interview with Superintendent
- Interviews with Admissions/Intake Staff
- Review of Admissions Process Documentation
- Review of Intake Packet
- Interview with Case Manager Supervisor
- Observation at facility

REFERENCES

Maryland Standards for Juvenile Detention Facilities; DJS Classification Policy in editing stage; ACA 3-JDF-5A-02, 3-JTS-5A-01, 5B-01 through 04 and 5B-07 & 08;

SUMMARY OF FINDINGS

BCJJC is a 144 bed, three-pod boys facility and the proper classification of youth there is vital to youth safety. Properly classifying and housing the kids there prevents young or vulnerable youth from being housed with or near older, more aggressive youth. Based on the layout of the facility, youth can be classified into at least 12 different units based on age, aggressive history and legal status. This is accomplished by the Case Manager Supervisor who uses the youth's information to "score" him using a rating sheet. The total points indicate where the youth will reside during his stay, with the goal to group youth safely.

In reviewing one classification assessment in process, it was evident that a lack of information was a roadblock to proper use of the tool in general. This particular youth had an assault case that had no disposition information provided in ASSIST by the community case manager. Assault scored at 6 points (it was unclear whether that required a facts sustained finding, but the paperwork suggests that finding may have not been required to score the 6 points.) Due to the lack of updating of ASSIST data, the Case Manager Supervisor, who was scoring the youth based on aggressive history, didi not know the result of the case. Assuming in the youth's favor, she gave him 0 points, as if he had never been charged. As a result, he scored in the "moderate risk" category when with the 6 points added, he would have scored in the "high risk" category. This was a youth whose pre-disposition investigation noted he was using Bloods gang signs and was completely uncooperative, with signs of other aggressive tendencies.

When the Case Manager Supervisor was asked why she did not look up the youth's case outcome in QUEST, she indicated she could not look it up as she had no QUEST access. Without this access, she was required to go out of the detention area, upstairs to the 2nd or 3rd floor, find someone with QUEST access, and look up the youth. This is not practical. Case Manager Supervisors must have ready access to QUEST in order to know what the youth's current status is. From looking up court dates and postponements for kids (a central part of their jobs) to checking history for proper classification, knowing a youth's case necessarily requires they have access to the courts' system. It is highly recommended that these management staff have this access granted and that training be scheduled in its use.

Other times during the process, points were "halved" based on how the staff felt certain areas should be scored, for instance for mental health kids, leading to an inconsistency based on who is doing the scoring that is not acceptable by any standard. Though there is a new, more reliable and objective classification assessment tool that the Department is adopting and that BCJJC will use, staff must be sure that the current one, as well as the new one, are used as they are written, and that if they are not working that information is relayed to the Superintendent.

The youth are grouped in their units by age and legal status appropriately, and the tool itself that was being used did cover all other areas that indicate risk, but it clearly is not a viable instrument if it is not being used as indicated or if the scorer is lacking basic information. If higher risk youth are erroneously classified and placed in an environment they are not suited for, incidents are more likely.

RECOMMENDATIONS

In order to reach Performance status in this area it is recommended that the facility:

- Use the new policy and instrument, when the DJS Classification policy and system are enacted, to ensure youth are housed properly for safety. Write an FOP to follow up on expected staff practice.
- Track the success of this effort to see if any changes in procedures as a result of this new tool are benefiting the facility. Consider discussion of this in the self-assessment meetings.
- With the current system (and the new one coming) complete all sections of the classification instrument based on the information from ASSIST. If information is not updated by the community P.O., check QUEST for updated court information. Continue to use pre-disposition investigations for further information that hasn't been updated in ASSIST regarding school history, past offenses, etc.
- Ensure that Case Manager Supervisors who classify youth have QUEST access to ensure each youth's cases are included in the calculation. This will do double-duty to ensure they know current court dates of youth.

PENDING PLACEMENT — RATING: Superior Performance

STANDARD

Written policy, procedure and practice document that the facility has a list of youth pending placement, their days committed, and average length of stay and aggressively prioritizes these youth in order to assist the community case managers in placing them as quickly as possible in order to reduce their time in detention.

SOURCES OF INFORMATION

- Interview with Superintendent
- Facility Pending Placement list
- Interviews with youth

REFERENCES

Maryland Standards for Juvenile Detention Facilities, ACA 3-JDF-5H-01, 3JDF-3E

SUMMARY OF FINDINGS

Pending placement youth are those committed by the Courts to DJS custody and who are awaiting placement in a treatment facility or program. To reduce the length of stay in detention overall, and reduce incidents by youth who are frustrated by delays in placement and spending "dead time" in detention, DJS expects all facilities to work with Area and HE staff in order to move youth expeditiously onto their next placement.

On 3/18/08, BCJJC had a population of 100 youth and was able to produce a roster showing 42 listed as pending placement (PP). Eleven youth were pending placement over 60 days and seven over 100 days. The average length of stay (LOS) for the youth was 44 days. Historically, BCJJC has had a high number of difficult to place youth, either due to their serious charges, history of escape, learning difficulties, aggression or mental health status. But success is clearly being achieved in lowering the LOS for even these hard-to-place youth. When looking at January-March 2008 overall, it was found that the average LOS for PP youth has continued to decline:

Month/2008	Avg. LOS for PP youth	Difference
January	56.0 days	-6.22%
February	52.5 days	-5.06%
March	49.9 days	(-10.97% below January)

The Superintendent has an excellent relationship with the Area I Director. He is in frequent contact with the Area Director about many of these youth in attempts to expedite their placements and to report on youth who have not seen their community case manager recently and need information. The Area Director, in turn, is diligent about contacting the

community case managers and pushing for youth to be placed as quickly as possible. Community case managers are now required to visit their youth weekly (and these visits are being tracked) and they are invited to Wednesday treatment team meetings in the facility. They are also in communication with the facility Case Manager Supervisor and the Education department.

The Operation Safe Kids (OSK) program has weekly staffings concentrating on moving some of BCJJC's kids from detention into their program as well. Additionally, the Stuck Kids Committee meets 1-2 times monthly with participation of a juvenile court judge to take action to expedite placement for the five to six youth waiting at BCJJC for the longest periods of time. There seems to be a great deal of motivation on the part of BCJJC to move pending placement youth as quickly as possible and effective efforts on their part to do so.

RECOMMENDATIONS

In order to maintain Superior Performance rating in this area it is recommended that the facility:

- Continue the current outstanding efforts in this area. Add PP LOS to self-assessment management meetings and track whether these numbers continue to decline and if not, discuss reasons and strategies early on in order to keep numbers low.

BEHAVIOR MANAGEMENT — RATING: Partial Performance

STANDARD

Written policy, procedure and practice document a behavior management system which provides a system of rewards, privileges and consequences to encourage youth to fulfill facility expectations and teach youth alternative pro-social behavior.

SOURCES OF INFORMATION

- Unit Log Books for all housing units
- Daily Point Sheets
- Unit Point Sheets
- Interviews with youth
- Interviews with staff
- Observation on housing units

REFERENCES

DJS Behavior Management Program Policy RF-10-07; Facility Behavior Management Program

SUMMARY OF FINDINGS

Behavior management programs (BMP) at DJS facilities can utilize various designs and strategies but must conform to Department policy. They work best when they are uncomplicated, easy to use, and facilitate high levels of buy-in from youth. The BMP currently in use at the facility is a complicated blend of two different types of programs. The program has been in place for a couple of months but has not been successfully integrated. The QI reviewer found it confusing; there were too many steps in the process, points started over every week, and points had little to do with levels. Points for the commissary were maintained in a "bank" by the recreation supervisor but neither the unit staff, the managers nor the youth, could identify the current number of points maintained in the bank. The youth did not seem to care about the number of points they had during the week, just the level they attained.

In interviews, two of ten staff could explain the BMP in detail, four gave a general description and four gave a vague description or could not describe it at all. There does not seem to have been any drop in the number of incidents due to the new BMP, even with a lower than usual population, which is another indication that it may not be working. Youth and staff both stated that the BMP definitely will not work if staff are inconsistent in using it and pacify some youth by giving points the youth may not have earned.

A review of the BMP point sheets indicated inconsistent record keeping across the board. Often, the number of points taken for most infractions was not consistent with program documentation. Points were not always added up at the end of the shift and some point

sheets reflected no documentation at all. The facility has indicated it will be returning to the BMP it used in the past, with more emphasis on staff training and point sheet accuracy. Ensuring staff properly deduct points and are unbiased and consistent implementing the BMP is the best way for youth to feel it benefits them and is worthwhile to follow.

RECOMMENDATIONS

In order to reach Performance status in this area, it is recommended that the facility:

- Once the BMP is finalized, expedite staff training and ensure there is strict accountability for following the BMP as it is designed. Hold staff accountable for following the BMP and not implementing their own system of rewards for their favorite youth; maintaining program integrity will elicit buy-in from the youth.
- Require Pod Managers and Leads and Supervisors to take ownership for their role supporting the BMP and implementing it effectively on their units.
- Verify review of the program by the unit supervisors by senior management review of the documentation including daily point sheets and commissary sheets.
- Reinforce positive progress of staff and youth by recognizing desired behaviors; consider unit rewards and incentives that both the youth and the staff can participate in (party, game-day, movie night, open gyms, breakfast or lunch with the administrators, etc.)
- Consider buffeting the program by adding daily incentives for good behavior and specific incentives for participating in and doing well in school.

STRUCTURED REHABILITATIVE PROGRAMMING	RATING: Partial Performance

STANDARD

Written policy, procedure and practice document that youth receive planned, structured outdoor and indoor activities and regular rehabilitative programming that teaches social skills.

SOURCES OF INFORMATION

- Review of 24-Hour Unit Schedules
- Interviews with youth
- OIA Youth Advocacy February 2008 Report
- Interviews with staff
- Interview with Superintendent

REFERENCES

DJS Recreational Activities Policy RF-08-07; ACA 3-JDF-5E-01-02-03-04

SUMMARY OF FINDINGS

Meaningful and structured programming is a vital component of effective detention and treatment facilities. Youth who are consistently engaged in pro-social and other skill development are less likely to be involved in incidents and more likely to benefit from programming.

At BCJJC, new and solid structured programming was in its early stages. Recent contracts were approved for vendors to bring in activities such as African drumming, art, and law and advocacy programs and those providers were on the schedule beginning in mid-March and weekly thereafter. The providers were observed at BCJJC and the youth they were working with seemed engaged and interested. Since the quantity and type of programming now available in the facility is new, the staff are still becoming accustomed to bringing youth to these activities at scheduled times.

The daily schedule generally does not include, with the exception of the new programs and behavioral health groups, a great deal of structured activities beyond school and recreation. Youth and staff alike indicated to the QI Team that weekends were simply times for card playing and TV watching and little else. Observation during the week showed afternoons after school also included these activities to a large degree. Youth indicated they were bored, and some even stated they acted out because there was "nothing else to do." The Department's OIA Youth Advocates report also indicated that their focus groups with youth found that youth wanted more to do, with suggestions of more outdoor time in the courtyard area of the facility, different variety of videos and games, fatherhood programs, etc. It is clear that currently, there are simply not enough structured programming hours for the population.

With the high number of incidents and obvious idle time on the units, it would benefit BCJJC to request assistance from their staff to see if they have talents or activities they would share and assist in engaging the youth in more of them.

RECOMMENDATIONS

In order to reach Performance status in this area it is recommended that the facility:

- Continue encouraging more programming. Ensure vendors are clear about expectations and that they feel welcome and want to continue providing services.
- Ensure youth arrive for programming sessions as scheduled.
- Survey staff on their abilities and talents and see if any would share them in the form of a class or structured time.
- Meet with Behavioral Health to assess whether they can co-facilitate groups with direct care staff until the staff are able to take over on their own.
- Add Aggression Replacement Training (ART) as a permanent fixture and train line staff in its use and in how to co-facilitate ART groups.
- Set deadlines and assign a staff person to these tasks so that the programming is a continuing part of BCJJC's regular operation. Add this topic to self-assessment meetings and track the program's success.

SELF ASSESSMENT — RATING: Partial Performance

STANDARD

Written policy, procedure and practice document that the facility superintendent at least twice monthly meets with his or her management staff to assess the facility's status involving the use of seclusion, restraints, incident reporting numbers and procedures and other key area of facility operation in order to assess the facility's compliance with DJS norms and expectations.

SOURCES OF INFORMATION

- Interview with Superintendent
- Review of Incident Report Statistics

REFERENCES

None (DJS QI Policy in development)

SUMMARY OF FINDINGS

Self Assessment is a relatively new process for DJS facilities. Its function is to assess the critical indicators within each facility, including seclusion use, incident frequency, suicide watch numbers, and restraint use, as examples. Data to assess the effectiveness of key areas of facility operations is retrieved from the DJS Incident Database (e.g., frequency, time, location of restraints, seclusion, youth/youth assault and other critical incidents) and facility records (e.g., overtime, staffing patterns) The facility superintendent should lead a meeting at least every two weeks to ensure these crucial areas are examined and practice adjusted as warranted.

Though management meetings are held weekly, and much of this data is discussed in those meetings, formal Self Assessment meetings are not regularly using Incident Database information and integrating problem-solving discussions. Seclusion and restraint indicators are not typically discussed but should be, especially given the spike in the length of seclusions during the past month. The statistical information BCJJC has access to is complete and helpful, but it was noted that only primary incident data was retrieved. Associated categories of incident data are equally important, easily retrieved, and must be included in the self-assessment discussions for a more complete picture of the indicators under review.

RECOMMENDATIONS

In order to reach a Performance rating, it is recommended that the facility:

- Create a dated Self Assessment meeting agenda and include a sign in sheet of management staff attending. Keep a file of each agenda with the data indicators discussed that week along with staff sign-in sheets.

- Document a summary of the weekly discussion to discuss in daily management meetings to provide evidence that the data indicators are used in discussions with staff and to modify practices.
- Add associated incident data to the statistical printout as the primary incident data alone may not convey key information, such as restraints, that may change the picture of what is actually occurring at the facility.

BEHAVIORAL HEALTH

INTAKE, SCREENING, & ASSESSMENT **RATING: Partial Performance**

STANDARD

Written policy, procedure, and practice require that all youth admitted to a facility will be screened by a qualified mental health professional in a timely manner using valid and reliable measures. All youth who screen positively for behavioral health issues will be referred for a full mental health assessment by a mental health professional. All youth who present at the facility with behavioral health issues that, as determined by professional mental health assessment, are beyond the scope of what the facility can safely treat, will be transferred to a setting that can more appropriately meet the youth's needs.

SOURCES OF INFORMATION

- Youth medical files
- Interview with the Superintendent
- Interviews with youth
- Interview with mental health and substance abuse staff
- Unit daily schedules

REFERENCES

DJS Suicide Policy (HC-1-07); SAMHSA

SUMMARY OF FINDINGS

Many youth who enter DJS detention facilities present with mental health and substance abuse needs that have been in the past undiagnosed and untreated. These behavioral problems, if left untreated, can lead to further substance abuse, delinquency, and violence. As a result, it is vitally important that the opportunity to treat detained youth with mental health and substance abuse problems does not pass without positive action steps being taken to improve the lives of young people in our care.

BCJJC is providing intake, screening, and assessment services through a contract with Hope Health Systems, Inc. A sample of ten youth charts was reviewed in order to ascertain the extent of initial youth behavioral health screenings. Eighty percent of the charts reviewed contained a MAYSI mental health screening. Because a time of completion was noted on a separate form and initialed by both youth and staff, there was evidence that the MAYSI screenings were completed within the two hours required under DJS policy.

Seventy percent of charts reviewed were in compliance with completion of the SASSI, the substance abuse screening tool, however one was completed at a prior admission in July 2007 and an updated one was not present in the file. These also showed a completion time of within two hours of admission. Ninety percent of the FIRRST initial screenings

were completed in their entirety and placed in the chart. There is more information on the completion of intake paperwork and screenings in the Admissions/Intake/Handbook section of this report.

Of the charts reviewed, ninety percent of those screened for behavioral health issues showed evidence of mental health issues and where given a more in depth assessment. Several different types of assessments were used depending on the perceived needs of the youth. One of ten youth received a psychological assessment. Three of ten charts contained a psychiatric evaluation. Four of ten youth underwent a substance abuse assessment. Another four in ten youth received a Bio- Psychosocial Assessment. This information shows positive efforts toward identification of youth's behavioral health issues.

All reviewed charts showed that behavioral health issues were being identified. As an example, four of the ten charts reviewed contained a form requesting the completion of a sleep study (due to the youth's comments about insomnia) for a one week duration to be reported in the form of a Sleep Log. This is good practice and often the findings negate the need for sleep medications such as Seroquel. Troubling, however, was that no evidence of a sleep study being conducted and no sleep logs were found in the charts. No results of sleep studies were reported in the charts. From the QI Team's review, there seems to be good identification of a problem, but a lack of follow-up by the clinician to see that the requested tests were done. This Sleep Log information would be useful in understanding the youth as a whole and specifically, in the evaluation of individual youth medication needs. Considering the high number of chemically dependent youth who enter our detention facilities, it is wiser to choose sleep studies and sleep hygiene protocols over medications when practical.

RECOMMENDATIONS

In order to reach Performance status in this area it is recommended that the facility execute the following:

- Screen all youth for behavioral health and safety issues at the time of admission. Ensure all youth files contain this information and copies of all screenings.
- Update screenings if the youth returns to the facility so as not to rely on outdated information.
- Conduct all sleep studies in a timely manner and report all sleep study findings in the chart. Consider using a tickler system to ensure proper follow-up on all youth prescribed this intervention.

INFORMED CONSENT — RATING: Partial Performance

STANDARD

Written policy, procedure, and practice requires that youth, and when appropriate, their guardian, are informed of the risks, benefits, and side effects of medication and the potential consequences of stopping medication abruptly. Youth are also notified that their conversations with clinicians, though confidential, may be shared with DJS and the Court if requested.

SOURCES OF INFORMATION

- Youth medical files
- Interview with Superintendent
- Interviews with youth
- Interviews with staff
- Observation at facility

REFERENCES

DJS Suicide Policy (HC-1-07), ACA 3-JDF-3E-04, 4C-27 & 28, 4C-35, 5A-02, 3-JTS-4C-22, 4C-24, DJS Incident Reporting Policy (MGMT-2-01); COMAR 14.31.06.13.J; American Medical Association

SUMMARY OF FINDINGS

Informed consent is a process of communication between a youth and clinician that results in the youth's authorization or agreement to undergo specific interventions. Informed consent means that the youth was given sufficient information to make a decision regarding his or her mental health care. In turn, the youth should have an opportunity to ask questions to elicit a better understanding of the treatment or procedure, so that he or she can make an informed decision to proceed or to refuse a particular course of intervention.

Ten charts were reviewed for informed consent for treatment services and medical services. Seven of the ten charts contained documentation of informed consent generally for behavioral health treatment services. Of these ten charts reviewed, seven of the youth were prescribed psychotropic medication.

Also crucial is that youth sign documentation noting that they understand the specific medication they are being prescribed and its side effects and benefits. Of the 7 youth who were prescribed psychotropic medications, there was only one occurrence of specific informed consent regarding that medication found in the chart. It is extremely important that youth understand what they are taking and why they are taking it. With this information they may be more likely to comply with medication use upon discharge.

Informing youth about their treatment is a mechanism by which these youth can begin to take responsibility for themselves. A medication education group delivered to the youth one time per month would allow for youth to ask questions regarding their treatment. It would also be an opportunity to educate youth on the dangers of abusing medication.

RECOMMENDATIONS

In order to reach Performance status in this area it is recommended that the facility:

- Inform all youth about their behavioral health treatment options. Complete an informed consent form for every youth and place one in each medical record.
- Complete a signed specific medication consent form for every youth prescribed psychotropic medications and place it in their medical record. All youth who are prescribed medication need to be fully informed of the risks and benefits of such treatment and that fact documented.
- Consider creating a medication education group that informs the youth of the risks and benefits of medications, as well as the differences between addictive medications that have a potential for abuse and those that are not addictive but are helpful to them.

PSYCHOTROPIC MEDICATION MANAGEMENT	RATING: Partial Performance

STANDARD

Written policy, procedure, and practice require that psychotropic medications are prescribed, distributed, and monitored properly and safely.

SOURCES OF INFORMATION

- Youth medical files
- Interview with Superintendent
- Interviews with youth
- Interviews with staff
- Observation at facility

REFERENCES

DJS Suicide Policy (HC-1-07), ACA 3-JDF-3E-04, 4C-27 & 28, 4C-35, 5A-02, 3-JTS-4C-22, 4C-24, DJS Incident Reporting Policy (MGMT-2-01); COMAR 14.31.06.13.J; National Institute of Mental health

SUMMARY OF FINDINGS

When the decision is reached that a youth should take medication, active monitoring by all caretakers is essential. Youth should be watched and questioned for side effects because many simply do not volunteer information. They should also be monitored to see that they are actually taking the medication and taking the proper dosage on the correct schedule.

At BCJJC during the time of this review, 25% of youth were prescribed psychotropic medication. Seventy-two percent of medication doses in those charts reviewed for youth on medication showed at least one, if not multiple, refusals of medication. It is important that youth understand what they are being given and why they are prescribed a certain medication in order to cut down on medication refusal. It is also crucial for clinical staff to try to find out why the youth is refusing if it continues. Thirty nine refusal forms were found in the group of reviewed charts.

Many youth arrive at BCJJC addicted to nicotine and after using marijuana. The cessation from these chemicals can produce side effects in youth including, but not limited to, restlessness, irritability, and sleep disturbances. As previously discussed, it is important that an accurate Sleep Log is completed and placed in the chart in order to help guide psychopharmacological treatment. Approximately 61% of youth prescribed medication at the time of this review were given an atypical antipsychotic, designed to treat schizophrenia and bipolar disorder in individuals 18 years or older. Most of these 61% were prescribed this medication for sleep disturbances alone. Initiation of nicotine

replacement/ cessation protocols may aid in alleviating a percentage of the sleep disturbances experienced by the youth.

Another concern is that staff report that youth have been known to "cheek" their medication in order to share it with their peers on the unit. Special care should be taken to ensure medications are swallowed completely prior to the youth leaving the nurses' care.

RECOMMENDATIONS

In order to reach Performance status in this area it is recommended that the facility:

- Observe youth one-on-one when taking their medication, followed by a mouth swipe if "cheeking" is suspected.
- Evaluate youth for marijuana and nicotine withdrawal. Consider a nicotine replacement/cessation protocol with an educational component when indicated.
- Ensure sleep studies are conducted and medications are only prescribed when warranted.
- Ensure all medication refusals are documented and consider initiating a protocol for intervention after the third refusal of a medication to assess why the youth is continuing to refuse to take his prescribed dose.

BEHAVIORAL HEALTH SERVICES — RATING: Partial Performance

STANDARD

Written policy, procedure, and practice require that appropriate mental health and substance abuse treatment and emergency services are provided by qualified mental health professional and substance abuse counselors, that it is integrated with psychiatric services when applicable, and that it is appropriate for the adolescent population. Behavioral health issues are also considered when providing safe housing for youth at the facility.

SOURCES OF INFORMATION

- Youth medical files
- Interview with Superintendent
- Interviews with youth
- Interviews with staff
- Observation at facility

REFERENCES

DJS Suicide Policy (HC-1-07), ACA 3-JDF-3E-04, 4C-27 & 28, 4C-35, 5A-02, 3-JTS-4C-22, 4C-24, DJS Incident Reporting Policy (MGMT-2-01); COMAR 14.31.06.13.J; SAMHSA: NCMHJJ

SUMMARY OF FINDINGS

Youth can have behavioral health disorders that interfere with the way they think, feel, and act. Behavioral health influences the ways youth look at themselves, their lives, and others in their lives. Like physical health, behavioral health is important at every stage of life. For some youth, contact with the juvenile justice system is often their first and only chance to get help with their mental health and substance abuse issues. For others, it is the last resort after being bounced from one system to another.

Nearly every chart reviewed showed evidence that mental health treatment was being conducted at BCJJC. Only one of ten charts did not have behavioral health notes, but it should be noted that this youth was a relatively new arrival. Forty percent of youth charts indicated substance abuse treatment was being conducted for youth in the form of group therapy. Twenty-five percent of youth in the facility were prescribed psychotropic medications.

Interviews revealed that the mental health, substance abuse and case management staff are readily available to the youth. Youth revealed that they knew they could call mental health staff if they needed them. Many, however, stated that they would not, even though they have the opportunity. The youth refused to elaborate on this point, giving indications that the need to educate the youth regarding stigma and to encourage youth to contact mental health should be addressed.

Clinical staff states that groups are conducted every Monday, with mental health groups three times per month and substance abuse education groups the last Monday of the month. Substance abuse conducts 1-2 other groups per week. All youth are seen as needed by mental health, but at least one time per week, by staff report. Substance abuse staff states that they are able to see five youth per day individually for approximately 20 to 30 minutes per youth.

Behavioral health staff stated that they attempt to get the youth's family involved whenever possible. A family day is schedules every two months. This is solid practice and often can make difficult-to-manage youth adjust more quickly when they have family reinforcement and teaming with the clinicians. Behavioral health staff asserts that Aggression Replacement Therapy (ART) and Cannabis Youth Therapy (CYT) groups will be starting soon. Interviews and chart documentation confirm that though weekdays are well covered, youth could benefit from more behavioral health services being offered on the weekends.

Substance abuse programming is scheduled to start a co-occurring group that will transpire on Wednesday evenings. Twenty-six youth have been identified as needing this group at this time.

Safety and security of the youth's physical and mental health is taken into account when housing the youth. As per staff interview, youth are housed in particular units based on several criteria including, but not limited to, age, build, and mental stability.

As with sleep logs and suicide logs, it is important that the guarded care plans are placed in the chart. Even more important is that they are known to direct care staff and clinical staff alike and that their interventions with youth are used and their success or failure documented. Without this information, creating a Guarded Care Plan is a wasted effort. It is highly recommended these Plans are distributed to the staff caring for these specific youth and that they find them helpful and assist clinicians in documenting the youth's progress while on the Plan.

RECOMMENDATIONS

In order to reach Performance status in this area it is recommended that the facility:

- Increase behavioral health services on the weekends. Include groups and other activities to keep youth engaged and to make mental health staff more visible and accessible to youth who might not feel comfortable requesting services.
- File a copy of the Guarded Care Plan in the chart. Ensure all clinical and direct care staff caring for these youth are aware of the Plan's importance and goals and that they are using the interventions listed in them and documenting the youth's reactions to any recommended interventions.

TREATMENT PLANNING — RATING: Partial Performance

STANDARD

Written policy, procedure, and practice require that all youth in the facility in need of behavioral health treatment will have a signed collaborative treatment plan that addresses, at a minimum, a behavior management plan, and mental health and substance abuse issues as indicated. Behavioral health records will provide evidence of collaboration and communication among team members working with a youth, while maintaining the youth's confidentiality.

SOURCES OF INFORMATION

- Youth medical files
- Interview with Superintendent
- Interviews with youth
- Interviews with staff
- Observation at facility

REFERENCES

DJS Suicide Policy (HC-1-07), ACA 3-JDF-3E-04, 4C-27 & 28, 4C-35, 5A-02, 3-JTS-4C-22, 4C-24, DJS Incident Reporting Policy (MGMT-2-01); COMAR 14.31.06.13.J; SAMHSA TIP 13

SUMMARY OF FINDINGS

A collaborative treatment plan, following a thorough assessment, identifies the youth's strengths and needs while assisting the clinician in focusing on the youth's most severe problems and barriers to recovery. The treatment plan, like the assessment, becomes multidimensional. Reassessment of youth needs and responses to treatment strategies allows the individualized treatment plan to become an evolving document, changing as youth issues are resolved, when outcomes are met, or when treatment strategies do not achieve the desired effect. Perhaps most importantly, youth can be more effective partners in their own treatment when the problems being addressed and the desired outcomes are clearly articulated.

Of the charts reviewed, sixty percent had collaborative treatment plans. Ten percent of these treatment plans were not current, as they were from a previous admission. Twenty percent of reviewed treatment plans were not updated in the time period specified in the update column of the treatment plan itself. Forty percent of reviewed treatment plans were not signed by the treatment team or the youth. By signing the treatment plan both staff and youth acknowledge that they are aware of the goals and objectives the youth is working toward accomplishing. By signing an updated treatment plan all involved are formally aware of the progress that is being made to achieve treatment goals. Behavioral health issues were addressed in the treatment plans consistently. However, discharge planning was not. Discharge planning should be integrated into the treatment plan as one

of the goals and is discussed in more detail in this Behavioral Health section of this report.

Although treatment planning is often overlooked as merely paperwork, it is important to note that treatment planning for youth with behavioral health issues is an essential way to guide treatment and facilitate recovery. The treatment plans that were reviewed contained behavioral health issues covering mental health and substance abuse issues, indicating a strong foundation for the process. With the recommended additions included, treatment planning could be a high quality treatment resource for the youth and staff alike.

RECOMMENDATIONS

In order to reach Performance status in this area it is recommended that the facility:

- Ensure all youth charts contain a collaborative treatment plan soon after the youth's admission.
- Ensure all treatment plans are signed by all treatment team members, including the youth.
- Update all treatment plans at frequent intervals delineated in the treatment plan itself.
- Include a goal directed at discharge planning in all treatment plans.

BEHAVIORAL HEALTH TREATMENT DELIVERY	RATING: Performance

STANDARD

Written policy, procedure, and practice require that all youth at the facility identified with behavioral health issues receive mental health and substance abuse treatment as indicated. Family involvement should be highly encouraged and crisis intervention services should be available in acute incidents. All admitted youth should receive alcohol and drug abuse prevention /education counseling.

SOURCES OF INFORMATION

- Youth medical files
- Interview with Superintendent
- Interviews with youth
- Interviews with staff
- Observation at facility

REFERENCES

DJS Suicide Policy (HC-1-07), ACA 3-JDF-3E-04, 4C-27 & 28, 4C-35, 5A-02, 3-JTS-4C-22, 4C-24, DJS Incident Reporting Policy (MGMT-2-01); COMAR 14.31.06.13.J; JAAPL

SUMMARY OF FINDINGS

The juvenile justice system is focusing extraordinary efforts to address concerns about the mental health needs of delinquent youth. Recent advances in understanding mental disorders of adolescence have been joined by new neuroscience information about brain development in adolescence, as well as behavioral science findings documenting socio-emotional differences between adolescents and adults that offer different explanations for the illegal acts of youth. These advances are confirming that adolescents are better served by a different response to their offenses. It is therefore of the utmost importance that the behavioral health issues of youth in custody are addressed before the opportunity to do so passes.

Eighty percent of charts reviewed showed evidence of youth receiving mental health treatment, including individual and group therapy and psychiatric consultation when indicated Youth in need of mental health treatment is determined largely at the time of admission through the initial screening tool. It may also be determined through incidences that occur while the youth is detained. Ninety percent of charts reviewed showed that attempts were made by telephone to get family involved in the treatment and situation of the youth. Thirty percent of the charts reviewed showed actual family involvement.

Supporting documentation was present in eighty percent of the charts that behavioral health groups are being conducted. Staff reports that mental health groups are conducted three times per month and substance abuse education groups are conducted one time per month. Further determination will have to be made as to whether those youth not determined to have behavioral health issues could also benefit from these groups. If all youth are sent to these groups twenty percent of the charts reviewed did not indicate this. The youth who did not have behavioral health documentation were also not on medications.

Substance abuse process groups are reported by staff interview to occur 1-2 times per week. Evidence of these substance abuse education groups are reported in fifty percent of the charts reviewed. Individual substance abuse treatment was documented as not needed in ten percent of the charts reviewed. Forty percent of reviewed charts indicated that individual substance abuse treatment was occurring. Given the age of the youth and the prevalence of substance abuse it would be advantageous to extend substance abuse treatment to a larger percent of the youth and with increased frequency.

Due to the full confinement of these youth it is important that therapy and education occur seven days a week. Medication education groups should be added to the curriculum of therapeutic education as well as smoking cessation classes when necessary. Sleep Logs should be completed with accuracy and care. All these issues are interrelated in the treatment of the youth as an integrated individual.

Acute mental health incidence can occur at any time and behavioral health professionals need to be prepared. Hope staff reported protocol for such an incident. By staff report, if a youth is in crisis and is deemed unable to wait for mental health staff presence, 911 is engaged and the youth is brought to University of Maryland Hospital for psychiatric care. If the youth is able to await the arrival of Behavioral Health Staff and is deemed in need of a higher level of care than can be provided on site, the youth is transferred to Spring Grove Hospital for psychiatric care. Back up options are Sheppard Pratt and Johns Hopkins, respectively.

RECOMMENDATIONS

In order to reach Superior Performance status in this area, it is recommended that the facility execute the following:

- Increase weekend behavioral health contact frequency and content. Mental health and substance abuse issues should be addressed seven days a week, as cravings may become worse on the weekends.

DISCHARGE PLANNING — RATING: Non Performance

STANDARD

Written policy, procedure, and practice requires that staff facilitate appropriate transition plans for youth leaving the facility. Youth, and their guardian when appropriate, should receive information on behavioral health resources, a prescription for medication continuation, and assistance in contacting behavioral health aftercare services to schedule follow up appointments.

SOURCES OF INFORMATION

- Youth medical files
- Interview with Superintendent
- Interviews with youth
- Interviews with staff
- Observation at facility

REFERENCES

DJS Suicide Policy (HC-1-07), ACA 3-JDF-3E-04, 4C-27 & 28, 4C-35, 5A-02, 3-JTS-4C-22, 4C-24, DJS Incident Reporting Policy (MGMT-2-01); COMAR 14.31.06.13.J

SUMMARY OF FINDINGS

Discharge or transition planning is a specialized process for detained youth that occurs both in the facility and in the community. Discharge planning and the aftercare process refers to those activities and tasks that 1) prepare juvenile offenders for entry into their communities or into a treatment facility; 2) establish the necessary arrangements and linkages with the full range of public and private sector organizations and individuals that can assist the youth with his behavioral health needs; and 3) ensure the delivery of prescribed services and medications to the youth upon exiting the facility.

Interviews with the behavioral health staff revealed that when youth enter the detention facility, an aftercare package is mailed home to the family. This is done because staff often does not know when a youth is going to be released. This ambiguity common in detention facilities makes discharge planning difficult. Several staff members acknowledge that at times, the youth will be sent home with their leftover medications from their time in detention, but often with no follow up appointments scheduled. This would likely lead to youth being non-compliant with their medication as they often do not have further prescriptions to fill or linkages with a mental health provider in their home community.

Continuity of care is crucial in the treatment of behavioral health issues as research has proven that behavioral health protocols and substance abuse treatment in particular, are dose specific. In order to assist in reducing recidivism rates, it is important that youth receive follow-up care once released. As adolescents, these youth should have

appointments made and strict instructions and follow up provided to them and to their caregiver in order to be successful. Since the family cannot always be relied upon to assure compliance, it is important that the facility clinicians take responsibility for setting up aftercare for released youth.

Of the ten charts reviewed, none had discharge planning information. Of the ten treatment plans reviewed, none listed discharge planning as a goal in treatment. Upon interviewing the staff, it was confirmed that due to the spontaneous discharges of the youth, no concrete discharge plans are made.

Discharge appointments should be made for all youth and given to the youth prior to release when possible. When this is not possible, the appointment information should be conveyed to the youth through his Probation Officer Case Manager when applicable and/or documented as being sent home to the youth and his caregiver. A standardized discharge/transition form should be completed and incorporated into each youth's chart.

RECOMMENDATIONS

In order to reach Performance status in this area, it is recommended that the facility:

- Initiate discharge planning immediately after the youth's admission.
- Incorporate discharge planning into the youth's treatment plan.
- Make aftercare appointments for the youth prior to release when possible. When not possible, they should be made and that information given to the Case Manager to relay to the youth and/or a written letter with that information sent to the youth and his caregiver.
- Consider if youth, especially those on medications, can only be released from detention and not from court in order to be able to take their medications and instructions with them.
- Create and use a standardized discharge/transition form and complete one for every youth.

SUICIDE PREVENTION

DOCUMENTATION OF YOUTH ON SUICIDE WATCH	**RATING: Partial Performance**

STANDARD

Written policy, procedure, and practice require that all newly arrived youth, youth in seclusion, and youth on suicide precautions are sufficiently supervised. Suicide precaution documentation must include the times youth are placed on and removed from precautions, the current level of precautions, the youth's housing location, the conditions of the precautions, and the time and active circumstances of the youth's behavior.

SOURCES OF INFORMATION

- Youth medical files
- Youth suicide watch sheets for Jan-Mar 2008
- Interview with Superintendent
- Interviews with youth
- Interviews with staff
- Observation at facility

REFERENCES

DJS Suicide Policy (HC-1-07), ACA 3-JDF-3E-04, 4C-27 & 28, 4C-35, 5A-02, 3-JTS-4C-22, 4C-24, DJS Incident Reporting Policy (MGMT-2-01); COMAR 14.31.06.13.J

SUMMARY OF FINDINGS

All administrative, direct care, medical and clinical staff and all other personnel working with youth under the custody of DJS are responsible for protecting youth from suicidal or harmful actions by and to themselves in all facilities operated by DJS. In order to assure that this is done completely and satisfactorily, suicide watch precautions must be taken and always according to DJS policy.

The Suicide Log book included documentation of level changes and evaluations of youth's condition. The Suicide Log produced good documentation as to whether the youth should remain on Suicide Watch or not.

Three months of suicide watch observation forms were reviewed and found to contain various inaccuracies and inconsistencies. Five of the youth on suicide watch were missing observation sheets from the 2-10 shifts on various days and one was missing a sheet from 10-6 shift while another was missing a 6-2 shift watch sheet. There were gaps in suicide watch checks noted several times for no less than four youth. Other instances showed times that were not sequential or times that overlapped. One form seems to show evidence that one child was watched by two different staff who filled out two separate watch sheets on the same shift. Some forms showed an insufficient number of checks per hour (must be random checks at least 6 times hourly). One youth who was

noted on social separation had inconsistent times for his social separation listed on the watch sheet as opposed to the social separation form.

Moreover, three of the youth had watch sheets that had ink changes that would indicate vertical completion of the form. Seventy percent of youth whose watch sheets were reviewed had time patterning and exact 10 minute checks reported on their observation sheets. In these, the times looked to be too exact and not true to real time observational experience. Of great concern was a suicide watch observation sheet that stated that the youth could not be seen because he had covered the window of his room. Staff must observe youth randomly six times per hour while they are on suicide watch.

The suicide watch observation forms were housed in a binder instead of in the youth chart as required by DJS policy. Examples in this report may incorporate reviews of individual youth but for some, more than one instance of poor suicide watch observation practices were noted per youth. It is recommended that the suicide watch observation sheets be kept in the individual youth's chart in order to maintain continuity and consistency. A copy should be filed in a separate binder neatly for further review and oversight.

RECOMMENDATIONS

In order to reach Performance status in this area it is recommended that the facility execute the following:

- Ensure all suicide watch observation sheets from all shifts are accounted for and that there is regular management oversight.
- Ensure suicide watch checks are completed as prescribed the entire time the youth is on suicide watch. Staff should observe youth randomly six times per hour while they are on suicide watch.
- See that every line of the suicide watch observation form is filled out in its entirety and that it properly documents behaviors rather than location.
- File suicide watch observation sheets in the youth's chart. Create a system where a copy is filed in a separate binder and the copies are reviewed daily for inconsistencies.
- Require shift commanders to review and sign sheets at least once per shift.
- Follow up with staff and regularly coach staff on the floor when checking their documentation. Document progressive discipline for non-compliant staff.

ENVIRONMENTAL HAZARDS — RATING: Partial Performance

STANDARD

Written policy, procedure, and practice require that all housing for youth at heightened risk of self-harm is free of identifiable hazards that would allow the youth to commit suicide or other acts of self harm. In case of emergency, all direct care staff at the facility should have immediate access to appropriate equipment to intervene in an attempted suicide. Chemicals and other hazards are properly stored and locked.

SOURCES OF INFORMATION

- Youth medical files
- Interview with Superintendent
- Interviews with youth
- Interviews with staff
- Observation at facility

REFERENCES

DJS Suicide Policy (HC-1-07), ACA 3-JDF-3E-04, 4C-27 & 28, 4C-35, 5A-02, 3-JTS-4C-22, 4C-24, DJS Incident Reporting Policy (MGMT-2-01); COMAR 14.31.06.13.J

SUMMARY OF FINDINGS

No identifiable environmental hazards were evident on the units or in any youth area except for cleaning chemicals in the janitor's closets on the units. On two occasions in two different units, janitor's closet doors were unlocked, making those chemicals accessible for any youth contemplating suicide.

Overhead vents appeared to be in good working order and no hanging hazards were present. However, contraband in the form of a metal wire was found in one lower vent in one youth's room and could have been used by the youth to cut or scrape himself.

Eleven direct care staff and one nurse were interviewed specifically regarding cut down tools. The nurse had not seen one. The direct care staff stated that none of them carry a cut down tool but that the supervisor carries the cut down tool. One school staff person carries one on her person and was able to produce it. All staff should be ready and trained in the use of a cut down tool should an emergency occur and all direct care staff should carry a cut down tool while on the unit as required by DJS policy.

RECOMMENDATIONS

In order to reach Performance status in this area it is recommended that the facility:

- Ensure that all janitors' closet doors remain locked when not in use on all units.

- Order cut down tools for all direct care staff and train them in their use. Require cut down tools to be carried by all line staff and supervisors and establish a chit system for checking them in and out with keys and/or radios. Engrave them for easy identification.

CLINICAL CARE FOR SUICIDAL YOUTH RATING: Partial Performance

STANDARD

Written policy, procedure, and practice require that timely suicide risk assessments, using reliable assessment instruments, are conducted at the facility for all youth exhibiting behavior that may indicate suicidal ideations to determine whether a youth should be placed on suicide precautions or whether the youth's level of suicide precautions should be changed. Youth at a facility who exhibit suicidal ideations or attempts should receive timely, appropriate, and professional mental health services. Youth should not be restricted from programs and services more than safety and security needs dictate. All pertinent staff should review all completed suicides and suicide attempts at the facility for policy and training implications.

SOURCES OF INFORMATION

- Youth medical files
- Interview with Superintendent
- Interviews with youth
- Interviews with staff
- Observation at facility

REFERENCES

DJS Suicide Policy (HC-1-07), ACA 3-JDF-3E-04, 4C-27 & 28, 4C-35, 5A-02, 3-JTS-4C-22, 4C-24, DJS Incident Reporting Policy (MGMT-2-01); COMAR 14.31.06.13.J

SUMMARY OF FINDINGS

Suicide risk assessments, as part of the larger mental health assessment, were completed on six of the ten youth charts audited. Documentation of level changes conducted by professional staff was evident and mental health interventions were documented. This documentation of level changes was in the suicide log and was listed on a face sheet at the front of each day's worth of Suicide Watch Sheets in the binder, but these notes were not contained within the individual charts. Therefore this information may not have been adequately shared with all staff who might have contact with the youth. Consistency and communication is essential for continuity of care.

Mental health staff stated during the interview that youth who are put on suicide watch precautions are seen more frequently by mental health staff. As per staff report, all youth on suicide watch are seen by mental health staff at least once a day. Level change documentation in the Suicide Log book substantiates this. They also state that these youth are seen on the weekend by mental health staff as well.

RECOMMENDATIONS

In order to reach Performance status in this area it is recommended that the facility:

- Share suicide watch information with all appropriate staff. Ensure they know who is on watch, why, what special precautions might have been noted, etc.
- Suicide watch logs and level changes/reevaluation forms should be kept in the individual youth's chart for ease of review.

EDUCATION

SCHOOL ENTRY	RATING: Non Performance

STANDARD
Written policy, procedure and practice document timely enrollment of all students into the educational program. The school will receive a daily roster of students. The receipt of student records should occur in a timely manner.

SOURCES OF INFORMATION
- Interview with record staff
- Review of 31 student folders (21 general education, 10 special education)
- Review of Daily Population Roster

REFERENCES
COMAR 13A.08.07.01: Education-Student in State Supervised Care-Transfer of Educational Records; DJS SOP for Special Education Service Delivery in Secure Detention Facilities

SUMMARY OF FINDINGS

The goal of this standard is ensuring seamless entry into DJS detention schools. Students perform at their best when they are enrolled in school quickly and in the appropriate classes for their educational level. The most recent QI review of BCJJC found that the school records clerk began the school entry process by doing a query of ASSIST, a DJS database. The clerk then initiates educational record requests based on the information available in ASSIST and an MSDE database of special education students. The records clerk stated that student interviews are not usually available when records are requested from previous schools because the interviews are usually not done until students are actually brought to the BCJJC school, which can be many days following their admission to the facility. The QI Report recommended improvements to expedite the record request process, because many school records were not being promptly retrieved.

The current QI review found that the BCJJC school has continued to use the same record retrieval process and that the limitations identified in the earlier review continue to negatively impact the retrieval of school records and timely enrollment in school. Student interviews and the STAR academic screening assessments are still not used as tools in the school entry process. A review of records indicated that most of the students were interviewed weeks after admittance to the school program, when the guidance counselor completed the interviews. The guidance counselor was asked to provide a list of the most recent interviews completed. The facility admission dates for the five students that were interviewed on 3/18/08, for example, ranged from 2/14/08 to 3/6/08, which is too long a period of time between facility admission and the interview to be immediately useful to appropriate class placement. The STAR assessment was not administered at all for some weeks following the resignation of the schools' transition specialist, who had been

conducting the interviews, and it was unclear during the review when administration of the assessments would resume.

A review of student files indicated that the first request for records from the school most recently attended by youth was usually initiated within three days of the students' admission to the facility. However, in the event that records are not received following the first request, subsequent requests for the records can go on for weeks without resolution. DJS staffs a Department of Pupil Services in its Educational Services Unit for assistance with record requests. The Pupil Services personnel can assist DJS and MSDE detention schools to retrieve records that school staff have been unable to locate. The BCJJC school has contacted the Pupil Services staff on a few occasions, but not on a regular basis.

As was found in the last QI review, the school only receives a handwritten Daily Unit Roster/Count Sheet from Master Control as opposed to the Daily Population Sheet that is generated electronically by the facility. A comparison of the two found numerous discrepancies about the location of students in the facility. It was recommended at the last QI review that this be changed. Also, there is still no orientation program to introduce and acclimate students to the detention school.

RECOMMENDATIONS

In order to reach Performance status in this area it is recommended that the facility:

- Develop an orientation program for students entering the education program. The orientation program would provide an overview of the school's curriculum, behavioral and academic expectations and a description of how the behavior management system is implemented during the school day.
- Ensure that each student is assessed using the STAR or another appropriate screening tool to identify reading and math skill levels in a timely manner.
- Ensure that school records are requested according to COMAR (308: Education-Student in State Supervised Care-Transfer of Educational Records). Utilize DJS' Department of Pupil Services to locate records that are difficult to find.
- Develop a central log to track record requests, and conduct senior administrative review of the steps and associated timeframes for record requests that are documented in the log on a weekly or more frequent basis for immediate corrective action as warranted.
- The school staff should receive a copy of the Daily Population Sheet from the facility every morning prior to the start of the school day.

CURRICULUM & INSTRUCTION — RATING: Partial Performance

STANDARD

Facility schools will ensure that they provide instruction appropriate to the varied needs and abilities of the students enrolled. They should operate on a standard schedule, provide students with a consistent school day, provide instruction appropriate to individual students' strengths and needs, provide pre-GED & GED instruction as appropriate, provide extracurricular and enrichment activities & events, integrate computer assisted instruction in the curriculum and provide library services. Facility schools will also ensure that students in alternate settings (i.e. infirmary, seclusion and orientation) are given access to assignments and instruction comparable to that provided to other students in the facility.

SOURCES OF INFORMATION

- Review of school schedules
- Observation of transitions to and from class
- Classroom observations
- Interview of teaching staff
- Interview of students
- Administrator interview
- Interview of orientation, infirmary and unit direct care staff

REFERENCES

DJS SOP for Special Education Service Delivery in Secure Detention Facilities
No Child Left Behind Act of 2001, (NCLB), P.L. 107-110
Individuals with Disabilities Education Act (IDEA), 20 U.S.C. 1400-1490

SUMMARY OF FINDINGS

Consistent with findings of the most recent QI review, the reviewer observed a variety of instructional methods implemented by teachers including one-on-one instruction, computer assisted instruction, use of manipulatives and electronic "study buddies." Staff generally reported that they had the materials that they needed on a daily basis. The school has a functioning library and media specialist and students are allowed to take books with them to the living units.

The school schedule outlines classes for each unit, almost all of which are now held in the education area. However, observation of classes and school transitions found that the schedule is not consistently followed. Units typically arrived to school on time in the morning, but arrival times following transitions between periods and the midday break were inconsistent. Students were observed arriving to class more than one period late. Also students were frequently sent back to the units as soon as they got to school, limiting their access to instruction. Students scheduled to be in special education self-contained classes were frequently found to be in other class. Observation of the two self-

contained special education classes found that only two of eight enrolled students were in one of the classes, and only three of twelve enrolled students were in the other class.

The reviewer observed the delivery of school services in the orientation and infirmary units. Students may be placed on orientation units beyond the 72-hour orientation period. For example, the QI reviewer observed a student on an orientation unit during the school day who was not attending classes and not receiving direct instruction. The student had been placed on the orientation unit because of an incident on his general population housing unit. The student was previously identified as a special education student in need of a self-contained instructional setting. Both the student and the DJS orientation unit staff indicated the student had received no direct instruction for the more than three weeks he had been on the orientation unit. Similarly, several youth eligible for special education services were on general population housing units during the school day but not receiving any direct instruction. According to staff, one of the students had not been to the school in over three weeks and he had received nothing but education work packets. Staff and youth on the infirmary also indicated that they received work packets on a daily basis, but not direct instruction.

RECOMMENDATIONS

In order to reach Performance in this area it is recommended that the facility:

- MSDE and the facility should develop a system for maintaining students in the education area to the fullest extent possible.
- MSDE and the facility should develop a plan to ensure that special education students housed in the orientation unit for longer than the 72-hour orientation period, attend their assigned classes on a daily basis.
- Develop a system to provide direct instruction in alternative settings such as orientation and infirmary units for youth who cannot attend classes, including implementation of IEPs for special education students.

SCHOOL STAFFING & PROFESSIONAL DEVELOPMENT	RATING: Partial Performance

STANDARD

The Facility School will maintain a sufficient number of certified staff to provide appropriate education to all students, including related services providers. The school should provide meaningful staff development opportunities to teachers and support staff to enhance their ability to effectively educate youth in detention settings.

SOURCES OF INFORMATION

- Roster of teaching staff
- Administrator interview
- Teacher and IA interviews
- Record review

REFERENCES

- No Child Left Behind Act of 2001, (NCLB), P.L. 107-110
- DJS SOP for Special Education Service Delivery in Secure Detention Facilities

SUMMARY OF FINDINGS

The BCJJC school staff consists of: one principal, one teacher supervisor (who is also the school's media specialist), one office secretary, two records clerks, two math/GED teachers, 2 reading/language arts teachers, one life skills teacher, one science teacher, one social studies teacher, one computer teacher, one OST (occupational skills) teacher, four special education teachers, seven instructional assistants, and one guidance counselor. The school psychologist splits his time between BCJJC and other locations. The school also contracts with a private provider for related services in counseling and speech language pathology.

The school is still without an onsite special education coordinator. Much of the responsibility of assigning caseloads and coordinating services still falls to the teacher supervisor. There is also a clear lack of consistency of documentation in the special education files because there is no in-house oversight of the process. The MSDE Coordinator of Special Education Services reported that a candidate for the position has been identified and in the process of being hired. The school is also without a transition coordinator, who was responsible for administering the STAR assessments, and as indicated elsewhere in this report, the assessments are not regularly conducted. Teachers reported that they are provided staff development activities throughout the year.

RECOMMENDATIONS

In order to reach Performance in this area it is recommended that the facility:

- Hire and train a special education coordinator.
- Hire and train staff responsible for administering assessments.
- Provide additional training in differentiation of academic lessons and surface behavior management techniques.

SCREENING& IDENTIFICATION	RATING: Partial Performance

STANDARD

Qualified professionals shall provide prompt and adequate screening of facility youth for special education needs, including identifying youth who are receiving special education in their home school districts and those eligible to receive special education services who have not been so identified in the past.

SOURCES OF INFORMATION

- Review of forms
- Interviews with records and teaching staff
- Review of student education folders

REFERENCES

Individuals with Disabilities Act (IDEA), 20 U.S.C. 1400-1490; COMAR 13A.08.07.01: Education-Student in State Supervised Care-Transfer of Educational Records; DJS SOP for Special Education Service Delivery in Secure Detention Facilities, be interviewed and many student folders contained no assessment information, MSDE Manual for Special Education in Detention.

SUMMARY OF FINDINGS

As was stated previously, interviewing of students and administering of the STAR assessments as part of the educational screening process is inconsistent. It takes weeks for some of the students to be interviewed and many student folders contained no assessment information. The MSDE manual for Special Education in Detention outlines the interview and assessment as two of the pieces important to the identification of special education students, but the process is not effectively or consistently implemented. In addition, there is no qualified staff assigned to review and interpret the results of assessments, interviews and other indicators of current educational performance to identify students that do not currently receive special education services but may be in need of screening and evaluation to determine their eligibility for services.

The school record clerk indicated that she contacts the Baltimore City Special Education Tracking System (SETS) office and speaks to the personnel there to identify students with special education needs. However, according to the records clerk, the office will not provide copies of the IEPs. The QI reviewer observed two empty files of students that were identified as currently receiving services through SETS. The students' arrival dates at the facility were 2/29/08 and 3/9/08. Both students were assigned to self-contained classes at BCJJC. The records clerk indicated that she had made numerous calls for the IEP records and since she had not received a response from the school system, she turned it over the special education teacher to continue the process. Unfortunately, nothing else was done to follow-up to retrieve these records. There needs to be a system in place to

retrieve difficult to locate educational records and proceed with the IEP process for these students.

RECOMMENDATIONS

In order to reach Performance in this area it is recommended that the facility:

- Develop and implement a Child Find system that incorporates the analysis of information from student interviews, academic assessments, education records and other indicators of current educational performance, conducted by qualified staff.
- Develop and implement a system for locating previous education records that are difficult to retrieve.
- Establish and implement a screening process to determine whether students with one or more "red flags" are eligible for special education services, including students who were not previously identified.

PARENT, GUARDIAN/ SURROGATE INVOLVEMENT	RATING: Partial Performance

STANDARD

Written documents show that parents, guardians or surrogate parents are notified of and invited to participate in evaluations, eligibility determination, Individualized Education Program (IEP) development and team meetings, and decisions regarding provision of special education services.

SOURCES OF INFORMATION

- Review of IEP documentation
- Interviews with record retrieval and teaching staff
- Review of student folders
- Review of special education files

REFERENCES

Individuals with Disabilities Education Act (IDEA), 20 U.S.C. 1400-1490 and Maryland regulations

SUMMARY OF FINDINGS

A review of special education files revealed a high level of inconsistency as indicated by IEP Team Meeting Notices among teachers who act as case managers for some special education purposes. It is evident by the files of some teacher/case managers that there is a clear structure for soliciting the participation of parents and legal guardians in the IEP process. Several files included copies of invitation letters, and telephone logs indicated attempts to reach the parent/guardian. There were at least three attempts to contact parents/guardians documented in these the files. There also was a copy of the Meeting Notice that identified the purpose of the meeting and invited the parent/guardian to attend. No youth were in need of parent surrogates at the time of the review.

Files of students assigned to other teacher/case managers did not demonstrate the same level of consistency. Some of the files did not indicate that any attempts had been made to contact parents at all, nor were any IEP meetings scheduled for the students. On site coordination of the special education process would help to develop much needed consistency.

RECOMMENDATIONS

In order to reach Performance in this area it is recommended that the facility:

- Maintain a parent/guardian contact log that also includes notes of communication with the students' community case manager. Enhance the entries to the log to

include more detail about the parents' specific responses, and offer alternative IEP meeting dates/times as warranted to encourage parent/guardian participation.

- Establish on-site coordination of the special education IEP Team Meeting Notice requirements.

INDIVIDUALIZED EDUCATION PROGRAMS	RATING: Non Performance

STANDARD

Written policy, procedure and practice provide that Individualized Education Programs are completed according to federal, State and departmental guidelines.

SOURCES OF INFORMATION

- Review of special education student files

REFERENCES

Individuals with Disabilities Education Act (IDEA), 20 U.S.C. 1400-1490 and State regulations

SUMMARY OF FINDINGS

As with parent and surrogate participation the thoroughness and the timeliness of the IEP development process varied greatly among the teachers assigned as case managers to the students. Some case managers schedule meetings and developed IEPs that identified appropriate services while it appeared that others had done nothing to implement the IEP process for students on their caseloads.

Consistent with findings of the last QI review, there was a lack of documentation of related services in the special education student folders. The QI reviewer spoke with the counselor from the private/contracted provider responsible for special education related services. The counselor indicated that she does see students who required counseling as a related service. However, the counselor also indicated that every eligible student is seen for 30 minutes. When asked about students with IEPs that indicated a need for more than 30 minutes of service, the counselor indicated that it was not possible to provide services for more than 30 minutes and the IEP would be changed to reflect service for 30 minutes.

As was found during the last QI review, student attendance is the biggest hindrance to consistent delivery of services. Many of the special education students continue to not attend school regularly. Students are frequently excluded from school due to behavior concerns and are not offered any direct instruction when they are removed from classes. The QI reviewer observed three special education students who were either removed from school on a daily basis, or did not come to school at all. In addition, there continues to be a lot of inconsistency with regard to units coming to school on time. Students are continuing to miss entire class periods, especially following the midday break. Even if all IEPs were developed appropriately, it would not be possible to implement IEPs due to the inconsistency of student attendance.

RECOMMENDATIONS

In order to reach Performance in this area it is recommended that the facility:

- Ensure consistent implementation of IEPs across caseloads.
- Re-train special education staff on appropriate Special Education procedures.
- Consistently supervise and monitor implementation of the special education process.
- Identify a contract manager to ensure the appropriate documentation of related services in students' folders by the contract provider.
- Ensure that related services are delivered directly or through monitoring of the contact provider according to the individual needs of all students identified on their IEP.
- Ensure consistent attendance in school so that students are available for instruction.

CAREER TECHNOLOGY & EXPLORATION PROGRAMS — RATING: Performance

STANDARD

The facility will provide students opportunities to explore career interests and to develop skills useful in obtaining employment.

SOURCES OF INFORMATION

- Review of school schedule
- Interview with school staff

REFERENCES

Best Practice Standards for Detention Education

SUMMARY OF FINDINGS

BCJJC offers students the Occupational Building Trades class (OST). Students have the opportunity to develop basic building trade skills in the class. As was found during the last QI review, students interviewed indicated that they really enjoy this class.

RECOMMENDATIONS

In order to reach Superior Performance status, the following is recommended:

- Develop multiple options for career exploration in addition to the OST class.

SECTION 504 PLANS — RATING: Non Performance

STANDARD

The facility will ensure that accommodation and services are provided according to each student's Section 504 plan. The facility will also ensure that students' Section 504 plans are reviewed and revised as needed.

SOURCES OF INFORMATION

- Interviews with education staff
- Student files

REFERENCES

Section 504 of the Rehabilitation Act of 1973 (Section 504), 29 U.S.C. 794; DJS Section 504 Guidelines

SUMMARY OF FINDINGS

During the QI Review, two students at the facility had a Section 504 Plan. One student's Plan was dated 5/17/05. It did not appear that it had been reviewed or implemented by the BCJJC school. The other student's Plan had been developed at BCJJC during the student's previous admission to the facility. The 504 Plan called for the student to receive counseling services, yet there was no indication in the student's file these services had been provided. The teaching staff was unable to tell the reviewer what the students' 504 accommodations were or if they were receiving any accommodations in their classes.

RECOMMENDATIONS

In order to reach Performance in this area it is recommended that the facility:

- Retrain staff on the procedures for updating and providing services for 504 Plans and document the training.
- Supervise and monitor the implementation of requirements for 504 Plans.

STUDENT SUPERVISION — RATING: Non Performance

STANDARD

The facility will ensure that staffing is appropriate to supervise students in the educational setting, as well as during transitions to and from the school setting.

SOURCES OF INFORMATION

- Classroom observations
- Observation of transitions
- Student interviews.
- BCJJC Unit Arrival Log

REFERENCES

Maryland Standards for Juvenile Detention Facilities

SUMMARY OF FINDINGS

While there seems to be an improvement over the previous review, the afternoon movement of students to school is still an issue. The Unit Arrival Log maintained at the school indicates that while movement in the morning is generally on time, the afternoon movements are still sporadic. Over a period of time from 3/7/08 to 3/20/08 there was not one day when all of the units came to school following lunch.

Self-contained classroom special education teachers still report that the students in these classes often have to stand outside of the room until it is decided what DJS staff member will be in the classroom with them. Since the students in these classes are pulled from different units, there seems that there is still no one officially assigned to supervise this group, further disrupting and delaying the daily school routine and limiting instructional time.

RECOMMENDATIONS

In order to reach Performance status, it is recommended that the facility:

- Work with the school to develop a Quality Improvement Plan to ensure appropriate supervision of the students that would enable then to participate in all classes on a daily basis.
- Closely monitor arrival time to school following the lunch break, and regularly conduct joint DJS/MSDE problem-solving meetings to resolve late arrival.
- School and facility administrators jointly review student attendance for all units at least weekly and more frequently as needed to identify and resolve difficulties.

SCHOOL ENVIRONMENT/CLIMATE — RATING: Non Performance

STANDARD

The facility will ensure that the school setting is a safe environment conducive to learning and that staff are supported in their jobs.

SOURCES OF INFORMATION

- School observation
- Teacher interviews
- Interview of direct care staff

REFERENCES

N/A

SUMMARY OF FINDINGS

During the last QI review, evidence suggested a divide between the MSDE staff at the school and the DJS staff. The teachers indicated that they feel as though they are kept "out of the loop" about decisions in the facility that affect them and that they are not valued as professionals. The staff stated that there is no communication about the youth, the decisions to move or not move students to school, and other decisions that are made about the facility. Similarly, direct care staff members indicated that they didn't feel respected by the school staff for the work that they do with the youth.

Interviews at the most recent review found that the same concerns were evident. Teachers also stated concerns that there were no consequences to student misbehavior. They stated that they were not sure how the behavior management system is used and they feel that the students ran the program.

On March 19, 2008 DJS and MSDE staff took an initial step in working more collaboratively by meeting together and developing a list of concerns that they could address as a team. Also, teachers met with the CRIPA Education Monitor on 3/20/08 and indicated their willingness to work with DJS staff to address their concerns.

RECOMMENDATIONS

In order to reach Performance in this area it is recommended that the facility:

- The facility and school should continue to develop a system of communication regarding student movement and activity during the school day.
- The facility and school should continue team building activities and training for educational and direct care staff.

- The facility and school should work together to ensure effective integration of the behavior management system during school hours.
- The facility and school should offer joint training for teachers and direct care staff working in the school to improve collaboration and to clarify roles and expectations.

MEDICAL CARE

HEALTH CARE INQUIRY REGARDING INJURY	**RATING: Performance**

STANDARD:
Written policy, procedure, and practice ensures that all youth are seen by medical staff after any incident in which they are involved, regardless of whether there is an injury, shortly after the incident occurs.

SOURCES OF INFORMATION:
Facility Incident Reports Jan-Mar 2008
Interview with Superintendent
Interview with Nurse
Observation at facility

REFERENCES:
DJS Incident Reporting policy (MGMT-03-07); Photographing of Injuries policy(RF-11-05); Reporting & Investigating Child Abuse policy(MGMT-1-00)

SUMMARY OF FINDINGS

Prompt medical care after an incident protects the youth's health and safety. Even when no injury seems to be present, a medical check and opinion is necessary to ensure that he is not injured or does not need emergency care. BCJJC is fortunate to have 24-hour nursing care. Because of this, youth involved in an incident can and should see the nurse immediately following any incident, and certainly within 1-2 hours unless there are other extenuating circumstances.

Of the 29 youth reviewed that were involved in incidents, all youth saw the nurse after the incident and all had Nursing Report of Youth Injury forms (body sheets) for all youth involved. Every form was filled out completely and properly, including correct Injury Severity Ratings (ISRs), dates, times and nurse notes. Photographing of every youth who indicates an injury after an incident not only preserves crucial evidence but protects staff and is required by policy. All of the 29 body sheets reviewed had a photograph attached.

Though initially a Superior Performance rating was considered, there were too many incidents where youth did not see the nurse in a timely fashion. Out of the 29 sheets reviewed, 11 of the sheet's times indicated the youth were seen from 2-7 hours after the incident. In only one was there a mention about the youth being too out of control to come to medical timely. If all incident reports had some explanation as to why the youth was so late going to the nurse, or if check times were closer to the 1-2 hour range, the facility would receive a Superior Performance rating.

RECOMMENDATIONS

In order to reach Superior Performance status, the facility must:

- Ensure youth see the nurse after every incident as soon as it is possible. If for some reason the youth must be seen more than 1-2 hours after an incident (either due to his behavior or for any other reason), document that fact and the reason on the incident report.

HEALTH ASSESSMENTS — RATING: Partial Performance

STANDARD

Written policy, procedure and practice document that adequate health assessments are completed on all youth within 72 hours of admission.

SOURCES OF INFORMATION

- Interviews with medical staff
- Interviews with youth
- Nursing logs
- Medical file review

REFERENCES

ACA 1-SJD-4C-18-19-20 DJS Special Needs Treatment Plans Health Care Procedure (2007); ACA 1-SJD-4C-18-19-20

SUMMARY OF FINDINGS

Complete health assessments upon admission are crucial for quality care and identification of chronic care issues in our youth. Upon a review of eight youth health records, 7 of the 8 files had the seven page nursing assessment completed within 72 hours or less after admission and the admission physicals and admission labs had been completed and filed. The remaining youth had been in residence for 18 days with nothing in his health record.

A vision screen was available in five of the eight charts reviewed. Two of the eight had no documentation of a PPD being administered but the remaining six youth had Tb skin tests completed the results appropriately documented. In review of the PPD log book, documentation was acceptable. Allergies were documented consistently and notification by Health Status Alert was completed to the respective disciplines in the facility. The Growth/BMI Charts were not found in any of the files reviewed and are a part of a full health assessment and are required.

The immunization tracking and referral forms are not being consistently completed on all Youth Health Record files. This form, when utilized, would track immunization records requested, received, reviewed and immunizations ordered. It would also track follow-up referrals, appointments and completion of the appointments. It is imperative that this be consistently utilized. On a positive note, in 7 of the 8 youth health files, immunization records had been requested and in all of them, these immunization records had been received, reviewed by the MD/NP and immunizations ordered.

Though the immunization orders are written for the youth in residence, twenty-three youth at BCJJC had immunization orders but no vaccines had been administered. Some of the orders were two or more months old. There is also no documentation to indicate that any attempts are being made to obtain consents for the immunizations ordered.

The Master Problem Lists were being utilized (five of the eight youth had Master Problem Lists that were mostly complete) but they still lacked consistent completed interventions with resolution dates. Mental Health continues not to document mental health issues on the Master Problem Lists.

Other health assessment reviews indicated that though the Sick Call log is being utilized as directed and youth who request the nurse do see one timely, the youth's follow-up 30 Day Assessments are not being completed. There was documentation in the log where they were started in June of 2007 and completed sporadically but then none were completed after November 2007.

RECOMMENDATIONS

In order to reach Performance status in this area it is recommended that the health care unit at the facility:

- Continue the good work in ensuring the Health Assessments are completed within 72 hours.
- Complete a vision screen on all youth seen upon admission during their nursing assessment. If there is a reason that it is not completed as part of the admission nursing assessment, document that fact with specific follow-up information.
- Ensure the standardized procedure/checklist is followed so that all youth have PPDs administered and read with proper documentation.
- Ensure that immunization records are requested from IMMUNET, parents, schools and physicians as required. The MD/NP is required to review, date and sign the record once received and prescribe any immunizations needed. Ensure the nurse obtains the proper consents and administers the vaccines as prescribed.
- See that documentation of the immunization requests, date received, date reviewed and date administered are completed on the Tracking and Referral form in the Youth Health Record file every time.
- All physician-ordered immunizations must be completed as prescribed immediately.
- Document on the Immunization Tracking and Referral form any initial or follow-up referrals, appointments and completion of the appointments.
- Complete Master Problem Lists with any and all medical and mental health-related information about the youth so that, at a glance, the youth's overall health needs are known to the nurses, physicians and mental health staff.
- Growth /BMI Charts must be put into place for all youth entering BCJJC.
- Complete the 30 Day Nursing Assessments.

MEDICATION ADMINISTRATION — RATING: Partial Performance

STANDARD

Written policy, procedure and practice document that medications are given as prescribed.

SOURCES OF INFORMATION

- Interviews with medical staff
- Interviews with youth
- Nursing logs – MARs
- Medical file review

REFERENCES

DJS Pharmaceutical Services policy (HC-02-07); ACA 1-SJD-4C-16-17

SUMMARY OF FINDINGS

Proper medication administration is an important component of the responsibility we have to our youth. DJS youth may require pain management, psychotropic, and other medications to allow them to function comfortably in normal activities of daily living.

In a review of eight youth health record files, it was found that all youth had been properly prescribed medications by the MD/NP. Upon review of the MARs (Medication Administration Records), medications were being properly administered. On occasion, a youth who may refuse, be sent to court or released for other reasons might not receive a dose of their prescribed medication. BCJJC uses Medication Refusal Forms as required. Though there was no indication at this review that youth are getting medications prescribed for another youth, it is a good idea to attach a photo (from ASSIST, intake or a Polaroid photo) to each youth's MAR in order to confirm their identity at medication time.

The CDS (controlled drug substance) and Sharps inventories should be completed at the end of each shift. At BCJJC, the CDS inventory is missing some documentation from one shift to the next. This could be due to overlapping shifts and if this is the case documentation on the CDS inventory should reflect this as the reason. The Sharps count inventory was only documented as being completed twice in February and four times the first two weeks of March. This needs to be completed consistently at the end of each shift at the same time the CDS inventory is complete.

RECOMMENDATIONS

In order to reach Performance status, it is recommended that the health care unit at the facility:

- Complete the Sharps and CDS inventories at the end of each shift at the same time for consistency. Consider assigning a nurse to this responsibility. Both should be checked off prior to that nurse leaving her shift for the day.
- Consider adding a photo of each youth to the MAR as a second check to confirm that the right youth is being administered medication.

DENTAL CARE — RATING: Performance

STANDARD
Written policy, procedure and practice document all youth receive timely and adequate dental care.

SOURCES OF INFORMATION
- Interviews with medical staff
- Interviews with youth
- Nursing logs
- Medical file review

REFERENCES
ACA 1-SJD-4C-22

SUMMARY OF FINDINGS

Youth who are admitted to DJS often come to us with dental needs that have been neglected prior to their admission. Youth present with common problems such as a lack of good dental hygiene, cavities, missing teeth, and a poor understanding of why taking care of their teeth is important.

Dental examinations are completed with screenings, prophylaxis and treatment by a dentist at BCJJC. Dental pain is managed according to a nursing protocol for dental pain (and collaborating physicians' orders) to keep the youth comfortable before and after treatment is received. In a review of the Sick Call log, the management of dental complaints was appropriate. Youth who complained of pain were seen timely and medications administered as necessary.

There was no documentation on the Tracking and Referral form in the Youth Health Record file of previous, pending, and completed dental appointments which must be implemented as previously stated in this report under the Health Assessments section.

Youth have a small, wraparound finger-style toothbrush that they keep in their rooms. These were evident upon room inspections and the administration indicates that they are replaced often.

RECOMMENDATIONS

In order to reach Superior Performance status in this area, it is recommended that the facility:

- Document on the Tracking and Referral form all dental appointments made and completed. Ensure this listing remains up-to-date.

MEDICAL RECORDS RETRIEVAL — RATING: Performance

STANDARD

Written policy, procedure and practice document that efforts are made upon a youth's admission to obtain prior medical records.

SOURCES OF INFORMATION

- Interviews with medical staff
- Interviews with youth
- Nursing logs
- Medical file review

REFERENCES

ACA 1-SJD-4C-18-19-20

SUMMARY OF FINDINGS

Past information about each youth is crucial when deciding on a diagnosis, medication choice, or medical or behavioral management intervention.

Of the files reviewed, it was clear that youth detained at BCJJC do have their prior history and previous health records on file at the facility and accessible by the medical care providers. Upon a general review the process for the request of records from other providers, it is intact and functional. There could be better tracking of these requests if the Tracking and Referral form was used consistently and kept up to date.

RECOMMENDATIONS

In order to reach Superior Performance status in this area it is recommended that the facility:

- Utilize the Tracking and Referral system to help document theses requests.
- Notify DJS' Nurse Manager if after follow-up the facility is unable to obtain the records from another DJS facility.

SPECIAL NEEDS YOUTH — RATING: Non Performance

STANDARD

Written policy, procedure and practice document that youth with special needs are screened as such upon admission within 72 hours, have a special needs treatment plan put into place, identifying the problem/need, goals, intervention, the youth's progress evaluation and review date.

SOURCES OF INFORMATION

- Interviews with medical staff
- Interviews with youth
- Nursing logs
- Medical file review

REFERENCES

DJS Health Care Procedure—Special Needs Treatment Plans (2007)

SUMMARY OF FINDINGS

DJS frequently houses youth with special needs, including asthma, diabetes, skin integrity issues, and past trauma and mental health-related issues in our facilities. Special Needs Treatment Plans are a way of tracking that youth's problem, identifying interventions, and tracking their success. They should be completed within 72 hours of that youth's admission.

Upon a review of MARs, logs and in a general review of youth files, there were youth who required Special Needs Treatment Plans but they were not being completed. For example, all youth housed in the Infirmary should have a Special Needs Treatment Plan actively in place, yet they were not being completed. Also, operational procedures for the youth in the Infirmary states that the youth are to be checked by a nurse every two hours with documentation in the Youth Health Record file. This was not being completed either.

And on a different note, the facility uses latex disposable gloves. There may be youth and staff with latex allergies.

RECOMMENDATIONS

In order to reach Performance status in this area, it is recommended that the facility:

- Recommend the nurses review all youth files and complete Special Needs Treatment Plans on any youth with an acute health diagnosis or a special need.

- Ensure all youth housed in the Infirmary, with a physician's order, have a Special Needs Treatment Plan and are checked every two hours and vital signs taken every eight hours with documentation in the Youth Health Record file.
- Discontinue the use of latex gloves. Order a non-latex alternative.